

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jasper  
Township Gallena  
or  
Village Joplin  
or  
City Joplin

Registration District No. 411 File No. 5509-1  
Primary Registration District No. 2002 Registered No. 163

(No. St. Johns Hospital War)  
2 FULL NAME A. W. Watkins

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH July 11 1866  
(Month) (Day) (Year)

7 AGE 51 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Salesman  
(b) General nature of industry business or establishment in which employed (or employer) None

9 BIRTHPLACE (City or town, State or foreign country) N. Carolina

10 NAME OF FATHER No Record  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) No Record  
12 MAIDEN NAME OF MOTHER No Record  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) No Record

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Elizabeth Watkins  
(Address) 910 Monroe St

15 Filed Mar 6 1918 J. A. Caloweth Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 13 1918 to July 26 1918, that I last saw him alive on July 26 1918, and that death occurred, on the date stated above, at 2:23 m.

The CAUSE OF DEATH\* was as follows:  
Thrombosis of base of brain  
secondary to  
probable Tuberculosis  
3 1/2 (Duration) yrs. 11 mos. 10 ds.

CONTRIBUTORY (Secondary) probably Tuberculosis  
(Duration) yrs. mos. ds.  
(Signed) A. W. Watkins M. D.  
(Address) Joplin, 1918

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hairview Cem DATE OF BURIAL Mar 7 1918

20 UNDERTAKER W. R. Hulbert ADDRESS Joplin

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asithenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARED FORM.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH  
County Jasper  
Township  
or  
Village  
or  
City Joplin  
2 FULL NAME Alfred William Watkins

Registration District No. 411 File No.  
Primary Registration District No. 2002 Registered No. 163  
John Kasp St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS:

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

16 DATE OF DEATH: Th - 26 8  
(Month) (Day) (Year)

6 DATE OF BIRTH  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from  
191 to 191  
that I last saw alive on 191  
and that death occurred on the date stated above, at

7 AGE  
yrs. mos. ds.  
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry business, or establishment in which employed (or employer)

Accompany due to absence of lungs.  
Probably Pulmonary tuberculosis  
Duration yrs. mos. 14 ds.  
Probably Tuberculosis

9 BIRTHPLACE  
(City or town, State or foreign country)

CONTRIBUTORY (Secondary)  
(Duration) yrs. mos. ds.  
(Signed) A. R. Snyder M. D.  
May 20, 1918 (Address) Joplin Mo.

PARENTS  
10 NAME OF FATHER  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:  
(Informant)  
(Address)

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

15 Filed May 20, 1918 Joplin Mo. Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
20 UNDERTAKER: ADDRESS

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[Approved by U. S. Census and American Public Health Association]

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*Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.* of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR HOMICIDAL, or as *probably*, such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HEALTH BOARD OF NEW YORK  
 BUREAU OF VITAL STATISTICS  
 OFFICE OF THE REGISTRAR  
 100 NASSAU ST. N. Y. C.

NAME OF DECEASED  
 SEX  
 AGE  
 OCCUPATION  
 PLACE OF BIRTH  
 DATE OF BIRTH  
 ADDRESS  
 101

REGISTERED IN THE OFFICE OF THE REGISTRAR  
 100 NASSAU ST. N. Y. C.