

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

1 PLACE OF DEATH

County Lin  
Township North Salem  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 507  
Primary Registration District No. 5672

File No. 5707-6  
Registered No. 4

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

2 FULL NAME William M. Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Males 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widower  
(Write the word)

6 DATE OF BIRTH November 17, 1837  
(Month) (Day) (Year)

7 AGE 78 yrs. 2 mos. 21 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS  
10 NAME OF FATHER John Jones  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee  
12 MAIDEN NAME OF MOTHER Susan Emberton  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Arthur B. Battery  
(Address) North Salem Mo.

15 Filed Feb 10, 1915 Jas A. Nevins  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 7, 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 7, 1915 to Feb 7, 1915  
that I last saw him alive on Feb 7, 1915  
and that death occurred, on the date stated above, at 6 p.m.

The CAUSE OF DEATH\* was as follows:  
Branch of Fever  
106E  
(Duration) yrs. mos. ds. 20 ds.

CONTRIBUTORY (Secondary) X  
(Duration) yrs. mos. ds. X  
Signed W. D. Baker M. D.  
Feb 8, 1915 (Address) W. D. Baker

\*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 50 yrs. mos. ds. In the State 20 yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence Sty.

19 PLACE OF BURIAL OR REMOVAL McFalls Cemetery DATE OF BURIAL Feb 9, 1915

20 UNDERTAKER W. M. McCallum ADDRESS Smith Gifford

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.

# 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 "*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.)

1 PLACE OF DEATH

County Lehigh  
 Township or Village or City Lehigh (NO. 507 St. 567 1/2 Ward 4)

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

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

2 FULL NAME

William W. Jones

[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 wid  
(Write the word)

6 DATE OF BIRTH Satisfactory Information Supplied  
(Month) (Day) (Year)

7 AGE Satisfactory Information Supplied  
If LESS than 1 day.....hrs. or.....min.?

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

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

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) Geo a Neve  
 (Address) Lehigh

15 Filed Feb 70 1918  
Geo a Neve  
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb - 7 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 81 25  
 there last day, information supplied, 1918  
 and that death occurred, on the date stated above; at Lehigh m.

The CAUSE OF DEATH\* was as follows:  
Coronary Thrombosis  
(Duration) yrs. mos. ds.

CONTRIBUTORY Coronary Thrombosis  
(Secondary) (Duration) yrs. mos. ds.  
 (Signed) W. W. Jones M. D.  
Feb 7 1918 (Address) Lehigh

\*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: Lehigh

19 PLACE OF BURIAL OR REMOVAL Lehigh County 20 UNDERTAKER W. W. Jones  
 DATE OF BURIAL Feb 7 1918  
 ADDRESS Lehigh

Original file, date Feb 10, 1918

All information called for must be written on this Supplementary Certificate.

N. B.—Every item on this certificate should be carefully filled out, so that it may be proper. Exact cause of death in plain terms, so that it may be proper. Exact

SUPPLEMENTARY INFORMATION SUPPLIED

# Revised United States Standard Certificate of Death

[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.)