

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

PLACE OF DEATH

County Monroe

Township Marion

Registration District No. 578

File No. 2 6623

Village Holliday

Primary Registration District No. 4340

Registered No. 2

City \_\_\_\_\_ (NO. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME

Chas Henry Willis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE married  
MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Feb 10, 1919  
(Month) (Day) (Year)

DATE OF BIRTH May 31, 1953  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 1, 1919, to Feb 10, 1919, that I last saw him alive on Feb 10, 1919, and that death occurred, on the date stated above, at 6 P.M.

AGE 65 yrs. 8 mos. 16 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

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

Sclerosis (Liver)  
13413  
912  
(Duration) \_\_\_\_ mos. \_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Monroe Co.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

NAME OF FATHER John Willis  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

(Signed) O. A. Grote M. D.

MAIDEN NAME OF MOTHER Don't know

(Address) Holliday Mo

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Mrs C. H. Willis

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(ADDRESS) Holliday

Where was disease contracted if not at place of death? \_\_\_\_\_

Filed Feb 11, 1919 Mrs C. G. Schost REGISTRAR

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Holliday Mo DATE OF BURIAL Feb 12, 1919

UNDERTAKER L. E. Miller ADDRESS Holliday Mo

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, Compositor, 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*. Material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specification. *laborer, Farm laborer, Laborer—Coal miner*, etc., at home, who are engaged in the duties of the home only (not paid *Housekeepers* who receive definite wages) may be entered as *Housewife, Housewife*, or *Children*, not gainfully employed; *At school*. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, *Wanted, 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, 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), *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 ..... late cause for which surgical operation ..... 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 carbonic 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.)