

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

17516

Registration District No. 497 File No. _____

Primary Registration District No. 4300 Registered No. 10

(NO. _____ St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

DECEASED Wm. Bell Bingham

LEGAL AND STATISTICAL PARTICULARS

COLOR OR RACE W. **SINGLE** widow
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

July 1853
(Month) (Day) (Year)

55 yrs. 9 mos. 9 ds.
If LESS than
1 day, hrs. or min.?

Place of death, or of work At Home

Nature of industry or establishment in which engaged (or employer)

(City or town, State or foreign country) Mo.

DECEASED BY Born H. Deiver

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.

12 MAIDEN NAME OF MOTHER Lizzie Husky

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas B. Kurlin
(Address) Browning, Mo.

15 Filed May 15, 1918 W B Ingram
Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 13th 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 10th 1919 to May 13th 1919
that I last saw him alive on May 13th 1919
and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:

Severe chill & high fever with organic heart lesion

(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Incompetency

(Duration) yrs. 5 mos. to my knowledge ds.

(Signed) P. M. Whaley M. D.
May 14, 1919 (Address) Browning Mo

*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. 6 mos. 6 ds. In the State yrs. 6 mos. 6 ds.

Where was disease contracted if not at place of death?

Former or usual residence So. Ark

19 PLACE OF BURIAL OR REMOVAL Lat Springs So. Ark DATE OF BURIAL WK 1919

20 UNDERTAKER L. W. Hummel ADDRESS Browning, Mo.

EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it can be read PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be obtained from the informant, and should be stated in plain terms, so that it can be read PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Cert 17516
 Secondary was coded
 09500
 should be
 09502

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*. 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, 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 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.)