

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH
County Madison
Township Beck
Village Maryville
City Maryville (NO. _____) St. _____ Ward _____

Registration District No. 625 File No. 7419
Primary Registration District No. 3081 Registered No. 25

FULL NAME Morris W. Wiley

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Nov 11 1918
(Month) (Day) (Year)

AGE 2 yrs 4 mos 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work At Home 55 E 105th
(b) General nature of industry, business, or establishment in which employed (or employer) _____

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

PARENTS
NAME OF FATHER J. W. Wiley
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
MAIDEN NAME OF MOTHER Aster E. Watson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18 - 1921
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 14, 1921, to March 18, 1921, that I last saw him alive on March 19, 1921, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:
asphyxiation from edema of the Larynx following Radium treatment for papillomata of 10 of cords of
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
(SECONDARY)

(Signed) Chas. F. Davis M. D.
March 19, 1921 (Address) Maryville Mo

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

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? Pickering Mo.
Former or usual residence. Pickering Mo.

PLACE OF BURIAL OR REMOVAL White Oak Bur. Mortuary DATE OF BURIAL Mar 20, 1921

UNDERTAKER A. Saylor ADDRESS Hopkin Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Wiley
(ADDRESS) Pickering Mo.

Filed Mar 20 1921 F. R. Anthony
R. U. S. REGISTRAR

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*, *Sar-*

coma, etc., of _____ (name origin: *leucemia*," less definite; avoid use of "Tumor" [cause for neoplasms]); *Measles*; *Whooping cough*; *Gen.* For *lar heart disease*; *Chronic interstitial nephritis* qualify contributory (secondary or intercurrent) L, or as ease causing death), *29 ds.*; *Bronchopn. by rail-* (secondary), *10 ds.* Never report mere synf head—minal conditions, such as "Asthenia", *suicide*. (merely symptomatic), "Atrophy," "Coll skull, and "Convulsions," "Debility" ("Congenital," be stated "Dropsy," "Exhaustion," "Heart fail", *commenda-* rhage," "Inanition," "Marasmus," "Oppressed by "Uraemia," "Weakness," etc., where the American can be ascertained as the cause. diseases resulting from childbirth or "PUERPERAL septichaemia," "PUERPERAL of undesir- State cause for which surgi al operating them. Certificates taken. For VIOLENT DEATHS state MEANS. Gives any of qualify as ACCIDENTAL, SUICIDAL, or his sole cause probably such, if impossible to dete, miscarriage, 14. tetanus. Examples: *Accidental drowning*; *Stiffed will work train—accident*; *Revolver wound of 1 at a later Poisoned by carbolic acid—probably s* ture of the injury, as fracture of s quences (e. g., *sepsis*, *tetanus*) may be *MENTS* head, of "Contributory." (Recommen ment of cause of death approved b Nomenclature of the American Me

