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

25608

1	PLACE OF DEATH		./	' / L-	•	4
	County FETHER	Registration District	No	65	File No	
	Township	Primary Registration	District No	5XY 5	Registered No	10
	City Houstonia (No.	*************	***************************************		St.	Ward)
2. FULL NAME Jamie B. Williams						
	(a) Residence, No. (Usual place of abode)	St.	•	Ward.	************************	
1	(Usual place of abode) ength of residence in city or town where death occurred 20	777. "Ö 1909.		(If	nonresident give city	
_	20		, , , , , , , , , , , , , , , , , , , ,	How was in 0.3-, if a	1 tureign barts?	775. DOS. ds.
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR Divorced (corus the word)			16. DATE	OF DEATH (MONTH, DAY	T AND YEAR)	13- 1924
715	male White Since	6	17.			CAU
SA. IF MARRIED, WIDOWED, OR DIVORCED			-	TEREBY CERTIF	FY, That I attended	deceased from GOT
	HUSBAND OF (OR) WIFE OF		4-4-1-4	193	te, to(Q.,CV.,/	19.24
		<u> </u>	death accurre	W 0267, Blive 00	94	19-7/4., and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR)				CAUSE OF DEATH		
7,	AGE YEARS MONTHS DAYS	If LESS than 1		Chose of Bearing	AS AS FOCLOWS:	• .
	. 66 8 8	day,hrs. ormin.	1.12.2		and the	nie B
	66 0 8	<u> </u>		. <del></del>		
8.	OCCUPATION OF DECEASED		1:3	<i>/</i>	1 / 1	111
(a) Trade, profession, or			, , , ,			INL
particular kind of work			1	$\sim$	E7.	/raz
(b) General nature of industry, business, or establishment in			(SECOND	TORY Du	~~ <u>`</u>	***************************************
which employed (or employer)			. <u>  </u>	***************************************	(duration)	775da,
(c) Name of employer			18 WHERE	WAS DISEASE CONTRACTED		
9.	BIRTHPLACE (CITY OR TOWN) Aforesto min	mi	1			
(STATE OR COUNTRY)			$\{\{(f, f)\}\}$	OT AT PLACE OF DEATH?	_	1
			DID AN	OPERATION PRECEDE DEATH	17 A.C DATE OF.	***************************************
PARENTS	10. NAME OF FATHER Linkin 1 2 hce	« dem.	WAS TH	ERE AN AUTOPSYZ	1a:	***************************************
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)		WHAT	TEST CONFIRMED DIAGNOSIST	Is mplore	1 × Vulluer
	(STATE OR COUNTRY) Morth Carbbana			idaed) C.Z.	4.156	X Francis
	12. MAIDEN NAME OF MOTHER Elizabeth Annual				Julia Kalan	W. D
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)			, 19 (Address)	ouslone	4
				*State the Disease Causing Drath, or in deaths from Violent Causse, state (1) Mrans and Nature of Indust, and (2) whether Accidental, Suicidal, or Hosticidal. (See reverse side for additional space.)		
(Address) 4220 Marke - 224			19. PLACE	OF BURIAL, CREMATI	ON OR REMOVAL	DATE OF BURIAL
			11	1111		DATE OF BURIAL
15.	The fire with the	120	ustania	L'metra	10-14 1924	
	Fre 11-11,24 Edura 9	ZO. UNDER	TAKER //	1 1	ADDRESS	
		REGISTRAR	1//	16, VI/81X	Grook	Mary ma
						NOWANIAMO, III D

## 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, · Laberer - 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.,) "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicids. 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.)

Nora.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, celluiitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriago, necrosis, peritonitis, phiebitis, pyemia, septicemia, totanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.