

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

PLACE OF DEATH

County Clay

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Liberty Mo. (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 207

File No. 40881

Primary Registration District No. 3072

Registered No. 92

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

FULL NAME Byrdie Williams

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Female

COLOR OR RACE

Black

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(If write the word)

Single

DATE OF BIRTH

June 5, 1910  
(Month) (Day) (Year)

AGE

1 yrs. 6 mos. 2 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

child

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Liberty Clay Co Mo

PARENTS

NAME OF FATHER

Doc Williams

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

Mrs. Smith

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Liberty Clay Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lue Johnson

(ADDRESS)

Liberty Mo

Filed

12/10/11

191

W. H. Gadsden

REGISTRAR

DATE OF DEATH

Dec 7, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Dec 2nd, 1911, to Dec 7th, 1911,

that I last saw her alive on Dec 7th, 1911,

and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH\* was as follows:

Pneumonia, Lobar

46 1/8 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory

(SECONDARY)

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

(Signed)

R. E. Sevier

M. D.

Dec 7th, 1911

(Address) Liberty, 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?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Lawrence Cemetery

DATE OF BURIAL

Dec 8, 1911

UNDERTAKER

H. W. Hise

ADDRESS

Liberty Mo

# 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, peritoneum*, etc., *Carcinoma, Sar-*

*coma*, 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.)



## PLACE OF DEATH

County

Clay

Township

Village

or

City

FULL NAME

Byrdie Williams

REGISTRARS SHALL NOT RE-  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No.

201

File No.

Primary Registration District No.

3012

Registered No.

92

St.: Ward)

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female	COLOR OR RACE Black	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Single
DATE OF BIRTH June 5, 1910 (Month) (Day) (Year)		
AGE 1 yrs. 6 mos. 2 ds.		If LESS than 1 day, hrs. or min.?

## OCCUPATION

(a) Trade, profession, or  
particular kind of work

child

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

## BIRTHPLACE

(City or town,  
State or foreign country)

Liberty, Clay Co. Mo.

## PARENTS

NAME OF  
FATHER

Doc. Williams

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

Unknown

MAIDEN NAME  
OF MOTHER

Dora Smith

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

Liberty, Clay Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lucy Stewart

(ADDRESS)

Liberty, Mo.

Filed

191

Wm. H. Goodson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Dec 7

(Month)

(Day)

1911  
(Year)

HEREBY CERTIFY, that I attended deceased from  
Dec 2, 1911, to Dec 7, 1911,  
that I last saw her alive on Dec 7, 1911,  
and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH\* was as follows:

Pneumonia - Lobar

(Duration) yrs. mos. 6 ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

T. E. Sevier

M. D.

12/7

1911

(Address)

Liberty, Mo.

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(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?Former or  
usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Fairview Cemetery

Dec 8, 1911

UNDERTAKER

ADDRESS

H. W. Hill

Liberty, Mo.

Original file, date DEC 10, 1911

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

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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