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Township Registration District No. 384, File No. 35957  Or Wat Plains, Mo. (NO. St. Ward)  FULL NAME Wilhum Explusion District No. 4777, Registered No. 16 Aboptile of heithfelion give its NAME distance of street and number]  PERSONAL AND STATISTICAL PARTICULARS  SEX COLOR OR RACE SINCLE Large Willows (1971) And the word of street and number]  DATE OF BIRTH  AGE  OCCUPATION (Mealh) (Day) 1977  (Mealh) (Day) (Year)  AGE  I HEREBY CERTIFY, that I attended deceased from Nor. 77, 1917  (Mealh) (Day) (Year)  The CAUSE OF DEATH was a fullione.  (B) General nature of Industry.  Which employed (or employer)  BIRTHPLACE (City or town.) Sate of pricing country)  (Contributory (Courstigh) (Day) (Meal) (Duration) (Durat	PLACE OF DEATH County Towill-		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
OCCUPATION (D) General nature of industry.  WARE OF FATHER TOWN.  BIRTHPLACE (D) GENERAL RESTORMS.  MANE OF MOTHER MARY Registration District No.  FULL NAME  Primary Registration District No.  FULL NAME  Primary Registration District No.  FULL NAME  MANE OF MANAGE MANAGE  PRESONAL AND STATSCLAL PARTICULARS  MANAGE OF BIRTH  SEX  COLOR OR RACE  MANAGE OF BIRTH  AGE  MEDICAL CERTIFICATE OF DEATH  TO MANAGE OF DEATH  ACV.  (Moesh)  (Day)  (Year)  Library  (Moesh)  MANAGE OF BIRTH  AGE  MEDICAL CERTIFICATE OF DEATH  ACV.  (Moesh)  (Day)  (Year)  MANAGE OF BIRTH  AGE  MEDICAL CERTIFICATE OF DEATH  ACV.  (Moesh)  I HEREBY CERTIFY, that I attended deceased from Mor.  ACV.  (Moesh)  (Day)  (Year)  I HEREBY CERTIFY, that I attended deceased from Mor.  ACV.  (Moesh)  I HEREBY CERTIFY, that I attended deceased from Mor.  ACV.  (Moesh)  I HEREBY CERTIFY, that I attended deceased from Mor.  ACV.  (Moesh)  (Mor.  (Moesh)	_	•	Registration Distri	ct No. 384,	File No.	35957
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DATE OF BIRTH  DATE OF DEATH  DATE O			Epple		St.;W	ard) hospital or institution, give its NAME instead
MARIED Mile While Maried Market Market Market Miles M		PERSONAL AND STATISTICAL PARTI	CULARS	·   MEDI	CAL CERTIFICATE	OF DEATH
MADE OF FATHER DELACE (City or town, State of foreign country)  NAME OF FATHER Lacustown, Mo.  BIRTHPLACE (City or town, State of foreign country)  MADE NAME OF MOTHER Many and Lacustown, Mo.  BIRTHPLACE (City or town, State of foreign country)  MADE NAME OF MOTHER Many and Lacustown, Mo.  BIRTHPLACE (City or town, State of foreign country)  MADE NAME (Foreign country)  MADE NAME (City or town, State of foreign country)  MADE NAME (City or town, State of foreign country)  MADE NAME (City or town, State of foreign country)  MADE NAME (City or town, State of foreign country)  MADE NAME (City or town, State of foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME (City or town, State or foreign country)  MADE NAME		COLOR OR RACE MARRIED WIDOWED OR DIVORCED		DATE OF DEATH	Avr. (Nooth)	22, 1912 (Day) (Year)
AGE    If LESS than   Iday   here   alive on   here   here	DA ·	Nor, 2	1912 (Day) (Year)	Nov. 21	, 191.2-, to	tor, 22,1912,
COCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, which employed (or employer)  NAME OF FATHER  NAME OF FATHER  BIRTHPLACE  (City or town, State offorigin country)  MAIDEN NAME  OF MOTHER  BIRTHPLACE  OF MOTHER  (Informant)  (Informant)  (ADDRESS)  WAS State of FREIDENCE  (ADDRESS)  WAS PATHOLOGE  (Informant)  (ADDRESS)  WAS PATHOLOGE  (ADDRESS)  WAS PATHOLOGE  (ADDRESS)  WAS PATHOLOGY  (	AC		If LESS than	i		men . I
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BIRTHPLACE (City or town. State or foreign country)  NAME OF FATHER  BIRTHPLACE OF FATHER (City or town. State offoreign country)  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER OF MOTHER (City or town. State offoreign country)  BIRTHPLACE OF MOTHER  BIRTHPLACE OF MOTHER  COMMOTHER  CITY  BIRTHPLACE OF MOTHER  (City or town. State of oreign country)  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place Of death  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  MATHER  (Informant)  MATHER  DATE  CONTRIBUTION  MO,  (Signed)  Who I (Address)  MAIDEN NAME (Address)  MALL  (Signed)  What Place (Address)  MALL  (Signed)  MALL  M	(b) General nature of Industry, business, or establishment in				1 159	/
NAME OF FATHER With M. Eagle.  BIRTHPLACE OF MOTHER OF MORN Engle.  City or Lown, State or loreign country)  THE ABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  CITY OF BURIAL OR REMOVAL OF BURIAL OR ALL O	BIR (Cit	THPLACE Trest Claires	, mo.		(Duration))	/rsds.
OF FATHER (Gity or town, State dyforeign counity)  MAIDEN NAME OF MOTHER  Many  Many				Contributory (SECONDARY)	(Duratish)	/gsds,
BIRTHPLACE OF MOTHER (City or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (ADDRESS)  (ADDRESS)  (ADDRESS)  (Informant)  (Infor	PARENTS	OF FATHER (City or town, State dyforeign country)  MAIDEN NAME 50		(Signed) a.	4. Thom 1 - (Address) W	est Places. no
RECENT RESIDENTS)  At place of death yrs mos ds.  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (ADDRESS)  (ADDRESS)  (ADDRESS)  (Inthe ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (ADDRESS)  (ADDRESS)  (In the of death yrs mos ds. State yrs mos ds.  Whore was disease contracted if not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL  (ADDRESS)  (In the of death yrs mos ds.  Whore was disease contracted if not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL  (ADDRESS)  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (In the of death yrs mos ds.  Whore was disease contracted if not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (IN THE ABOVE IS TRUE TO THE				*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.		
Where was disease contracted if not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL  ADDRESS  Filed 11-23-1912- D. Michols  Where was disease contracted if not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAL  ADDRESS  UNDERTAKER  ADDRESS		OF MOTHER NOWW CO.	mo	RECENT RESIDENTS) At place	In the	· · · · · · · · · · · · · · · · · · ·
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(ADDRESS). West Place of Burial OR REMOVAL DATE OF BURIAL Nov. 23 1927  Filed 11-23- 1912 D. Michols UNDERTAKER  ADDRESS  ADDRESS	(Informant) Witt Copple			Former or		
Filed 11 1912, 1912, 1912, 1912		(ADDRESS) West Plains	, mo.		R REMOVAL	1 /4
	File	11-23- 1912 D. J.	chols,	UNDERTAKER		ADDRESS

## 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.

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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 septichaemia," "Puerperal peritonitis," etc. State cause for which surgical operation For VIOLENT DEATHS state MEANS OF was undertaken. INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMI-CIDAL, 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.)