

FEB 18 1936 STANDARD CERTIFICATE OF DEATH

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

1. PLACE OF DEATH:

 County DeKalb State MISSOURI Registered No. 1
 Township Washington or Village _____ or _____
 City Clarksdale No. _____ St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

2. FULL NAME Effie Inis McWilliams
 Residence: No. _____ St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
21. DATE OF DEATH (month, day, and year) January 29 1936
 22. I HEREBY CERTIFY That I attended deceased from January 28, 1936, to January 29, 1936
 I last saw her alive on January 29, 1936, death is said to have occurred on the date stated above, at 11:30Am.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Chronic Myocarditis (secondary)

Date of onset
1-23-36

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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Zack Barnes(Address) Mayaville, Mo.
 6. DATE OF BIRTH (month, day, and year) Feb 22 1870
 7. AGE Years 65 Months 11 Days 7 If LESS than 1 day, _____ hrs. or _____ mins.
 8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
8. HUSBAND of (or) WIFE of Charley McWilliams12. BIRTHPLACE (city or town and State or country): DeKalb Co.13. NAME: William Clark14. BIRTHPLACE (city or town and State or country): Indiana Co. Co.15. MAIDEN NAME: Kate Brooks16. BIRTHPLACE (city or town and State or country): Missouri17. INFORMANT (name and address): Mabel Compton Clarksdale Mo18. BURIAL, CREMATION, OR REMOVAL: Clarksdale Mo Date 2/1-36, 193619. UNDERTAKER (name and address): U. G. Pilcher, Mayaville Mo.20. FILED Feb 1, 1936 Mr. C. A. Davis Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*. To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Date of onset
1915
1921
July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy
Run over by street car
Peritonitis

Date of onset
1 week ago
1 week ago
3 days ago

Other contributory causes of importance:

Gallstones

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN