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 Texas

Township Morras

or

Village

or

City (NO. St.; Ward)

Registration District No. 863 File No. 8285

Primary Registration District No. 6199 Registered No. 6

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

FULL NAME Oran Clifford Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy

COLOR OR RACE America White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH June (Month) 16 (Day) 1908 (Year)

AGE 1 yrs. 9 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Baby Nane
(b) General nature of industry, business, or establishment in which employed (or employer) —

BIRTHPLACE (City or town, State or foreign country) Morris Township Texas Co Mo

PARENTS

NAME OF FATHER Henry H. Williams

BIRTHPLACE OF FATHER (City or town, State or foreign country) Morris Township Texas Co Mo

MAIDEN NAME OF MOTHER Sarah C. Goddard

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr D L Benson

(ADDRESS) Plunk Mo

Filed Mar 20 1910 J. H. Plumeter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17 (Month) (Day) 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from March 9, 1910, to March 16, 1910, that I last saw him alive on 16th March, 1910, and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebro Trouble or brain trouble

8 7B (Duration) ___ yrs. ___ mos. 8 ds.

Contributory (SECONDARY) ___ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) D L Benson M. D.

3-17 1910 (Address) Plunk 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 John N Collins

DATE OF BURIAL 3-18 1910

UNDERTAKER Bindaris Mo

ADDRESS Bendon Mo

Revised United States Standard Certificate of Death

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

ccupation.—Precise statement of oc- important, so that the relative health- s pursuits can be known. The ques- ich and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Planter, sitor, Architect, Locomotive engineer, tationary fireman,* etc. But in many n industrial employments, it is neces-) the kind of work and also (*b*) the siness or industry, and therefore an provided for the latter statement; it nly when needed. As examples: (*a*) *on mill;* (*a*) *Salesman,* (*b*) *Grocery;*) *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, peritonaeum,* 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," "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 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.)

HUGH STEPHENS, JEFFERSON CITY.