

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 Lafayette
Township _____
or
Village _____
or
City Higginsville (NO. _____) (St. _____ Ward)

Registration District No. 460
Primary Registration District No. 4274

File No. 34689
Registered No. 39

FULL NAME William Nichols

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF BIRTH Don't know
(Month) (Day) (Year)

AGE 26 yrs. — mos. — ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Springfield Ill

PARENTS
NAME OF FATHER Don't know
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
MAIDEN NAME OF MOTHER Lulu Nichols
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W H Hodder
(ADDRESS) Higginsville Mo

Filed Nov 10 1910 E H Hopper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 4, 1910, to Nov 9, 1910, that I last saw him alive on Nov 9, 1910, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH was as follows:
Lobar Pneumonia
108
91A

(Duration) ___ yrs. ___ mos. ___ ds.
Contributory Death Endocarditis
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Cause) J. Williams M. D.
Nov 10, 1910 (Address) Higginsville 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 _____ DATE OF BURIAL _____, 1910

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*.

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 Lafayette
 Township _____
 or _____
 Village _____
 or _____
 City Higginsville (NO. _____) St.: _____ Ward _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 Registration District No. 460 File No. 34689
 Primary Registration District No. 4274 Registered No. 39

FULL NAME William Nichols

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| SEX <u>male</u> | COLOR OR RACE <u>Black</u> | SINGLE MARRIED WIDOWED OR DIVORCED (With <u>Wife</u>) <u>Married</u> |
| DATE OF BIRTH <u>Nov 11</u> (Month) (Day) (Year) | | |
| AGE <u>26</u> yrs. — mos. — ds. | | If LESS than 1 day, ___ hrs. or ___ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>miner</u> (b) General nature of industry, business, or establishment in which employed (or Employer) <u>Coal miner</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Springfield, Mo.</u> | | |
| PARENTS | NAME OF FATHER <u>Wm. H. Hader</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>W. Higginsville, Mo.</u> | |
| | MAIDEN NAME OF MOTHER <u>Julie Nichols</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>W. Higginsville, Mo.</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 4, 1910, to Nov 9, 1910, that I last saw him alive on Nov. 9, 1910, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH was as follows:
Labor Pneumonia

Contributory Acute Endocarditis
 (SECONDARY) (Duration) yrs. mos. ds. 6 ds.

(Signed) J. J. Williams M.D.
Nov 10 1910 (Address) Higginsville 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE -
 (Informant) W. H. Hader
 (ADDRESS) Higginsville Mo.
 Filed Nov 11 1910 E. A. Hader REGISTRAR

PLACE OF BURIAL OR REMOVAL Colored Cemetery, Higginsville DATE OF BURIAL Nov 11, 1910
 UNDERTAKER A. H. Hader ADDRESS Higginsville

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

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Revised United States Standard Certificate of Death

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

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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.)