

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 Callaway
Township Overton
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 107 File No. 5500
Primary Registration District No. 5758 Registered No. 2

FULL NAME Charles William Whaley (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>White</u> | SINGLE MARRIED <u>Widow</u> WIDOWED OR DIVORCED (Write the word) |
| DATE OF BIRTH <u>April 23rd 1938</u> (Month) (Day) (Year) | | |
| AGE <u>72 yrs. 9 mos. 4 ds.</u> | | IF LESS than 1 day, ___ hrs. or ___ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-02</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Ky</u> | | |
| PARENTS | NAME OF FATHER <u>Benedict Whaley</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u> | |
| | MAIDEN NAME OF MOTHER <u>Harriet Whaley</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 27, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 26, 1911, to Jan 27, 1911, that I last saw him alive on Jan 26, 1911, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH* was as follows:
Lagipfe
117
112
Contributory Asthma
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Duration) equal yrs. ___ mos. ___ ds.
(Signed) H. D. Sewall M. D.
Jan 27, 1911 (Address) Fulton Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lutie Whaley
(ADDRESS) W. B. Cordie P. O. Mo
Filed Feb 4, 1911 A. A. Thomas REGISTRAR

*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 Millersburg Cem DATE OF BURIAL Jan 28, 1911
UNDERTAKER J. C. Con ADDRESS Millersburg 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*, *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 *Child*, and *consequence*. Care should be taken to re-
be stated under the head occupations of persons engaged in
foundations on statement c wages, as *Servant*, *Cook*, *House-*
committee on Nomenclature has been changed or given
association.)

DISEASE CAUSING DEATH, state oc-
g of illness. If retired from busi-
be indicated thus: *Farmer* (re-
persons who have no occupation
e.

Cause of death.—Name, first, the
TH (the primary affection with re-
causation), using always the same
ne same disease. Examples: *Cere-*
only definite synonym is "Epidemic
gitis"); *Diphtheria* (avoid use of
fever (never report "Typhoid

pneumonia"); *Loabar 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* (dise-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 septichoemia," "PUERPERAL peritonitis," etc.
State cause for which surgical operation was under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

