

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 Mississippi  
Township Wolf Island  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 996 File No. 25336  
Primary Registration District No. 5767 Registered No. \_\_\_\_\_

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

FULL NAME Ned Rowden

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Colored</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Don't know</u> (Month) _____ (Day) _____ (Year) _____		
AGE <u>about 70</u> yrs. _____ mos. _____ ds.		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>1-03</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ky.</u>		
PARENTS	NAME OF FATHER <u>Don't know</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky.</u>	
	MAIDEN NAME OF MOTHER	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16, 1911  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

I HEREBY CERTIFY, that I attended deceased from June 9, 1911, to June 16, 1911, that I last saw him alive on June 15, 1911, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH\* was as follows:  
Cancer of Stomach  
40  
about 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
(Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Jas R. Lee M. D.  
June 16 1911 (Address) Columbus Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Spence Buson  
(ADDRESS) Wolf Island

Filed \_\_\_\_\_ 1911 REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the 30 State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? unknown  
Former or usual residence Wolf Island, Miss Co  
PLACE OF BURIAL OR REMOVAL Decatur, Tenn DATE OF BURIAL June 17, 1911  
UNDERTAKER A. Tyles ADDRESS Columbus Ky

# 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, Composer, 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

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

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty Mississippi  
Township or Village Wolf Island  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 996

File No. \_\_\_\_\_

Primary Registration District No. 5767

Registered No. \_\_\_\_\_

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

FULL NAME Med Rarden

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE colored SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)DATE OF BIRTH Don't know  
(Month) (Day) (Year)AGE about 70 yrs. mos. ds. if LESS than 1 day, hrs. or min.?OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (City or town, State or foreign country) KyPARENTS  
NAME OF FATHER Don't know  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky  
MAIDEN NAME OF MOTHER Don't know  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Spence D uson  
(ADDRESS) Wolf Island Mo.Filed 6/17 1911 W. L. Harris REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16, 1911  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 9, 1911, to June 16, 1911,  
that I last saw him alive on June 15, 1911,  
and that death occurred, on the date stated above, at 50 m.The CAUSE OF DEATH\* was as follows:  
Cancer of Stomachabout (Duration) 1 yrs. mos. ds.Contributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds.(Signed) Jas P. Lee M. D.  
June 16, 1911. (Address) Columbus, Ky

\*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 20 yrs. mos. ds. In the 30 yrs. mos. ds. StateWhere was disease contracted if not at place of death? unknownFormer or usual residence Wolf Island Miss. Co.PLACE OF BURIAL OR REMOVAL Beckwith Cem DATE OF BURIAL June 17, 1911UNDERTAKER H. Tayles ADDRESS Columbus KyOriginal file, date August 57, 1911

All information called for must be written on this Supplementary Certificate

# Revised United States Standard Certificate of Death

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

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