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.

PLACE OF DEATH

County: Henry

Township: ____ or Village: ____ or City: Clinton (No. 815 Grandview St.; 4 Ward)

Registration District No. 350 — Primary Registration District No. 3018

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 31277
Registered No. 82

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

FULL NAME Marcil Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR OR RACE: White
SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

DATE OF BIRTH: April 6 (Month) (Day), 1908 (Year)

AGE: 3 yrs. 4 mos. 13 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): 0

BIRTHPLACE (City or town, State or foreign country): Clinton Missouri

PARENTS
NAME OF FATHER: Cecil Williams
BIRTHPLACE OF FATHER (City or town, State or foreign country): Missouri
MAIDEN NAME OF MOTHER: Grace Savacool
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Cecil Williams
(ADDRESS): Clinton Mo

Filed Sept 19, 191 — J. M. Shaylene — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 18 (Day), 191 (Year)

I HEREBY CERTIFY, that I attended deceased ~~from~~ on Sept 18, 191, to ____, 191____, that I last saw him alive on Sept 18, 191, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction
(Probably Intussusception)
W W B M
(Duration) ____ yrs. ____ mos. 7 days

Contributory (SECONDARY): Don't Know (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) A. J. McNeel M. D.
Sept 19, 191 (Address) Clinton 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: Kilby Creek Cem — DATE OF BURIAL: Sept 19, 191
UNDERTAKER: W H Lucas — ADDRESS: Clinton

Revised United States Standard Certificate of Death

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

atement of occupation.—Precise statement of oc-
tion is very important, so that the relative health-
ss of various pursuits can be known. The ques-
applies to each and every person, irrespective of
For many occupations a single word or term on
irst line will be sufficient, e. g., *Farmer* or *Planter*,
ician, Compositor, Architect, Locomotive engineer,
engineer, Stationary fireman, etc. But in many
s, especially in industrial employments, it is neces-
to know (*a*) the kind of work and also (*b*) the
re of the business or industry, and therefore an
tional line is provided for the latter statement; it
ld be used only when needed. As examples: (*a*)
ner, (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;*
Foreman, (*b*) *Automobile factory.* The material
ed on may form part of the second statement.
r return "Laborer," "Foreman," "Manager,"
ler," etc., without more precise specification, as
laborer, Farm laborer, Laborer—Coal mine, etc.
en at home, who are engaged in the duties of the
hold only (not paid *Housekeepers* who receive a
te salary), may be entered as *Housewife, House-*
or *At home,* and children, not gainfully employed,
school or *At home.* Care should be taken to re-
specifically the occupations of persons engaged in
stic service for wages, as *Servant, Cook, House-*
etc. If the occupation has been changed or given
account of the DISEASE CAUSING DEATH, state oc-
ion at beginning of illness. If retired from busi-
that fact may be indicated thus: *Farmer* (*re-*
6 yrs.). For persons who have no occupation
ever, write *None.*

atement of cause of death.—Name, first, the
AUSING DE.SE CAUSING DEATH (the primary affection with re-
to time and causation), using always the same
oted term for the same disease. Examples: *Cere-*
pinal fever (the only definite synonym is "Epidemic
prospinal meningitis"); *Diphtheria* (avoid use of
up"); *Typhoid fever* (never report "Typhoid
amonia"); *Lobar pneumonia; Bronchopneumonia*
neumonia," unqualified, is indefinite); *Tuberculosis*
ungs, meninges, peritonaeum, 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 *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgi al 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.