

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 Pemascot  
Township Little Prairie  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 651 File No. 33714  
Primary Registration District No. 5802 Registered No. 148

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

FULL NAME Allie Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(If write the word)

DATE OF BIRTH March 21, 1862  
(Month) (Day) (Year)

AGE 50 yrs. 2 mos. 24 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Alabama

NAME OF FATHER Thomas Black

BIRTHPLACE OF FATHER (City or town, State or foreign country) Alabama

MAIDEN NAME OF MOTHER Mahinda Smith

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Alabama

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. W. Williams

(ADDRESS) Caruthersville Mo

Filed 10/14, 1912 B. Blossom REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 3, 1912, to Oct 16, 1912, that I last saw her alive on Oct 16, 1912, and that death occurred, on the date stated above, at 4<sup>20</sup> a.m.

The CAUSE OF DEATH\* was as follows:  
acute indigestion  
139c  
118c  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory Change of life  
(SECONDARY) 7 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) A. R. Conrad M. D.  
Oct 16, 1912 (Address) Caruthersville 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, Little Prairie DATE OF BURIAL 10/17, 1912

UNDERTAKER A. LaFroze ADDRESS eville

# 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*, *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 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.)

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS  
 CEIVE A FEE FOR CERTIFICATES  
 UNTIL THEY ARE COMPLETED AS  
 PRESCRIBED BY LAW. CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Pemiscot  
 Township Little Prairie  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 651 File No. 33714  
 Primary Registration District No. 5862 Registered No. 148

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

FULL NAME Allie Williams

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE married  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

DATE OF DEATH Oct. 16, 1912  
 (Month) (Day) (Year)

DATE OF BIRTH March 21, 1862  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 3, 1912, to Oct. 16, 1912,  
 that I last saw her alive on Oct. 16, 1912,  
 and that death occurred, on the date stated above, at 4:20 a.m.

AGE 50 yrs. 6 mos. 24 ds. If LESS than  
 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Acute Indigestion  
of Stomach

OCCUPATION  
 (a) Trade, profession, or particular kind of work House keeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE  
 (City or town, State or foreign country) Alabama

Contributory  
 (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) A. P. ... M. D.  
Oct. 16, 1912 (Address) Caruthersville

PARENTS  
 NAME OF FATHER Thomas Black  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Alabama  
 MAIDEN NAME OF MOTHER Malgida Smith  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Alabama

\*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  
E. W. Williams  
 (Informant)  
 (ADDRESS) Caruthersville Mo.

PLACE OF BURIAL OR REMOVAL Little Prairie DATE OF BURIAL 10-17, 1912  
 UNDERTAKER A. C. La Forge ADDRESS Caruthersville

Filed 12/10/12 1912 B. D. ... REGISTRAR

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