

2129-1

1 PLACE OF DEATH  
County Miss Co  
Vol. Pot. X #6 Wolf Island Registration District No. 567  
Ino. Town Courthouse Primary Registration District No. 5767 576  
City Courthouse (No.          St.,          Ward)           
2 FULL NAME Floyd Bowden

567  
996

File No. 2129-a

Registered No. 6

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male  
4 COLOR OR RACE Col.  
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
6 DATE OF BIRTH Jan 2, 1909  
7 AGE 11 yrs. 4 mos. 12 ds.  
8 OCCUPATION farmer boy  
9 BIRTHPLACE mo.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 13<sup>th</sup>, 1920  
17 I HEREBY CERTIFY, That I attended deceased from No Physician, that I last saw him alive on, and that death occurred on the date stated above at 4:30 p.m. The CAUSE OF DEATH\* was as follows:  
Gun shot - Accidental  
184  
170  
(Duration)          yrs.          mos.          ds.

PARENTS

10 NAME OF FATHER Will Bowden  
11 BIRTHPLACE OF FATHER mo.  
12 MAIDEN NAME OF MOTHER Ada Taylor  
13 BIRTHPLACE OF MOTHER mo.

Contributory (SECONDARY)           
(Duration)          yrs.          mos.          ds.

(Signed) J. M. Hays, M. D. X  
1/13/20 (Address) E. Prater mo.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 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         

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Miller  
(Address) Medley mo

19 PLACE OF BURIAL OR REMOVAL near medley mo DATE OF BURIAL 1/14, 1920

15 1/17/20 REGISTRAR J. M. Hays

20 UNDERTAKER J. Louis from Hickman ADDRESS         

E. A. Farley

Co

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# 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 8 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), 29ds.; *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," "Hemorrhage," "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."

NOTE—Certificates will be returned for additional information when any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septicaemia, tetanus.