

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<u>Barry</u>	Registration District No.	<u>892</u>	File No.	<u>4093</u>
Township or Village	<u>Ozark</u>	Primary Registration District No.	<u>5047</u>	Registered No.	
City	(NO. _____) _____	St.	_____	Ward	_____
FULL NAME <u>Florence Williams</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>female</u>	<u>white</u>	<u>single</u>	<u>Feb. 24, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH		AGE	I HEREBY CERTIFY, that I attended deceased from		
<u>Sept. 13, 1911</u> (Month) (Day) (Year)		<u>0</u> yrs. <u>5</u> mos. <u>11</u> ds. if LESS than 1 day, _____ hrs. or _____ min.?	<u>Feb. 13, 1912</u> , to <u>Feb. 24, 1912</u> , that I last saw her alive on <u>Feb. 18, 1912</u> , and that death occurred, on the date stated above, at <u>11 1/2</u> A.M. The CAUSE OF DEATH* was as follows: <u>Malnutrition</u>		
OCCUPATION (a) Trade, profession, or particular kind of work		11 1/2 158 (Duration) _____ yrs. _____ mos. <u>15</u> ds.			
<u>none</u>		Contributory <u>nothing</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.			
(b) General nature of industry, business, or establishment in which employed (or employer)		(Signed) <u>Thomas D. Miller</u> M. D. <u>Feb. 24, 1912</u> (Address) <u>Curvora Mo.</u>			
<u>none</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
BIRTHPLACE (City or town, State or foreign country)	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
<u>Barry Co. Mo.</u>	At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.				
PARENTS	NAME OF FATHER	Where was disease contracted if not at place of death? _____			
	<u>Ruell Williams</u>	Former or usual residence _____			
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL		
	<u>Mo.</u>	<u>Ozark</u>	<u>Feb. 25, 1912</u>		
MAIDEN NAME OF MOTHER	UNDERTAKER				
<u>Elpha Hillari</u>	<u>Mauley Bannum</u>				
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	ADDRESS				
<u>Barry Co. Mo.</u>	<u>Curvora Mo.</u>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Thomas D. Miller</u>					
(ADDRESS) <u>Curvora Mo.</u>					
Filed	<u>Feb. 24, 1912</u>	REGISTRAR <u>J. V. Forbes</u>			

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

# 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.)



READING INK—THIS IS A PERMANENT RECORD

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

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

PLACE OF DEATH  
County Barry  
Township Ozark  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 992 File No. \_\_\_\_\_  
Primary Registration District No. 5047 Registered No. \_\_\_\_\_

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

FULL NAME Florence Williams.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OF RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Feb 24, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Sept 13, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 13, 1912, to Feb 24, 1912, that I last saw her alive on Feb 18, 1912, and that death occurred, on the date stated above, at 11 1/2 a.m.

AGE \_\_\_\_\_ yrs. 5 mos. 11 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The CAUSE OF DEATH\* was as follows:

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

marasmus  
(Duration) \_\_\_\_\_ yrs. 1 mos. \_\_\_\_\_ ds.  
Contributory indigestion  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. 1 mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Barry Co. Mo.

NAME OF FATHER Rull Williams

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

MAIDEN NAME OF MOTHER Elpha Nelson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Barry Co. Mo.

(Signed) Thurston Miller M. D.  
April 13, 1912 (Address) Aurora Mo.

\*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) Thomas H. Miller

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(ADDRESS) Aurora Mo.

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

Filed Apr. 13, 1912 J. V. Forbes REGISTRAR

PLACE OF BURIAL OR REMOVAL O. Sa DATE OF BURIAL Feb 25 1912

Original file, date Feb 24, 1912

UNDERTAKER Mauley Baum ADDRESS Aurora Mo.

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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*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.)

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