

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

1 PLACE OF DEATH

County DeKalb
Township Adams
or Weatherly Mo
Village Weatherly Mo
or
City (NO. St. Ward)

Registration District No. 263 File No. 8381-a
Primary Registration District No. 330 Registered No. 6

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

2 FULL NAME Burgess B. Channell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

6 DATE OF BIRTH July 15 - 1865
(Month) (Day) (Year)

7 AGE 53 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Wb. Vernon Ohio

PARENTS 10 NAME OF FATHER Isom Channell 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia 12 MAIDEN NAME OF MOTHER Marion Bush 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Channell (Address) Weatherly Mo

15 Filed Mar 20, 1918 J. F. Hedrick Registrar

5 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 17, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 15, 1918, to Mar 17, 1918, that I last saw him alive on Mar 17, 1918, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
causing paralysis
64 (Duration) short yrs. mos. ds.
CONTRIBUTORY arterial sclerosis (Secondary) (Duration) over 10 yrs yrs. mos. ds.
(Signed) J. F. Hedrick M. D.
Mar 19, 1918 (Address) Weatherly, 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 50 yrs. mos. ds. In the State 10 yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Christians Chapel DATE OF BURIAL Mar 20, 1918

20 UNDERTAKER E. E. Kestner ADDRESS Weatherly Mo

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.

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*. Men to report specifically the occupation engaged in domestic service for *l*, *Cook*, *Housemaid*, etc. If the occupation changed or given up on account of **CAUSING DEATH**, state occupation at the time of death. If retired from business, that should be stated thus: *Farmer (retired, 6 yrs.)*.

For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, last, and middle, of the disease causing death, with respect to time and cause, using the same accepted term for the disease. Examples: *Cerebrospinal fever* (the only cause of epidemic cerebrospinal meningitis); *phthisis* (avoid use of "Croup"); *Typhoid pneumonia*; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, 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 "Asthma," "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.)