

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

1 PLACE OF DEATH

County Saline Registration District No. 792 File No. 15767  
Township Arrow Rock Primary Registration District No. 6035C Registered No. 1  
or  
Village  
or  
City (NO. St. Ward)

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

2 FULL NAME Mrs Cornelia Irene Blakely

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH April 8 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH December 5 1851  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 1918 to April 7 1918 that I last saw her alive on April 7 1918 and that death occurred, on the date stated above, at 9 a.m.

7 AGE 76 yrs. 4 mos. 3 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

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

Paralysis  
82 yrs. 10 mos. (Duration) yrs. mos. ds.

9 BIRTHPLACE (City or town, State or foreign country) Texas

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

PARENTS

10 NAME OF FATHER Ben L Mc Mahan

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

12 MAIDEN NAME OF MOTHER Rachel B Foster

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

(Signed) C. L. Lawler M. D.  
April 8 1918 (Address) Capitan

\*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) Mrs William Freeman  
(Address) Blackwater Mo

19 PLACE OF BURIAL OR REMOVAL Arrow Rock Cemetery DATE OF BURIAL Apr. 10 1918

15 Filed 4/9/1918 M. S. McQuinn Registrar

20 UNDERTAKER P. M. Walker ADDRESS Marshall

# 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, peritonaeum*, 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.)

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Saline  
Township Iron Rock  
or  
Village  
or  
City

Registration District No. 792 File No. 1  
Primary Registration District No. 0235 Registered No.

(NO. St. Ward)

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

2 FULL NAME

Conelia Inue Blakely

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

16 DATE OF DEATH Apr 8 1918  
(Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1918 to 1918, that I last saw her alive on Apr 8 1918, and that death occurred on the date stated above at her home. The CAUSE OF DEATH\* was as follows:

7 AGE (If LESS than 1 day, hrs. or min.?)

Paralysis  
Cerebral Hemorrhage  
30 days (Duration) yrs. mos. ds.

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

CONTRIBUTORY (Secondary) Serivility (Duration) yrs. mos. ds.

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

(Signed) C. L. Laureles M.D. Apr 8, 1918 (Address) Maple 710

10 NAME OF FATHER

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

12 MAIDEN NAME OF MOTHER

At place of death 37 yrs. mos. ds. In the State Mo. yrs. mos. ds.

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

Where was disease contracted if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence Maple 710

(Informant)

19 PLACE OF BURIAL OR REMOVAL Maple 710 DATE OF BURIAL Apr 8, 1918

(Address)

15 Filed 4/9/18 1918 M. S. McGinnis Registrar

20 UNDERTAKER ADDRESS

Satisfactory Information Supplied

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