

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

PLACE OF DEATH

County Butler

Township Howard

or

Village

or

City

Registration District No. 51

Primary Registration District No. 5079

File No. 30523

Registered No.

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

FULL NAME John W Chadwick

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE Widowed  
MARRIED  
WIDOWED  
OR DIVORCED  
(If give the word)

DATE OF DEATH Sept 2, 1911  
(Month) (Day) (Year)

DATE OF BIRTH May 21, 1843  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 1, 1911, to Sept 2, 1911, that I last saw him alive on Sept 2, 1911, and that death occurred, on the date stated above, at 2<sup>30</sup> a.m.

AGE 68 yrs. 3 mos. 12 ds. IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Total Paralysis  
87 1/2  
(Duration) yrs. mos. ours ds.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

Contributory Partial Paralysis  
(SECONDARY) (Duration) yrs. mos. 10 ds.

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

NAME OF FATHER John Chadwick

(Signed) R E Crutcher M. D.  
Sept 2, 1911 (Address) Springer Mo

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

MAIDEN NAME OF MOTHER Liddie Richner

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

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) J Chadwick

Where was disease contracted if not at place of death?

(ADDRESS) Fulton Kas.

Former or usual residence

Filed 9/5 1911 W Williams REGISTRAR

PLACE OF BURIAL OR REMOVAL Kansas DATE OF BURIAL Sept 4, 1911

UNDERTAKER R W M Connel ADDRESS St Louis 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*. 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.)



CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH *Bates*

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

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

County *Fulton*

Township *Howard*

Registration District No. *51*

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. *5079*

Registered No. *7*

City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME *John W. Chadwick*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *M* COLOR OR RACE *W* SINGLE MARRIED WIDOWED OR DIVORCED *widower*  
*(Write the word)*

DATE OF DEATH *9-2-1911*  
(Month) (Day) (Year)

DATE OF BIRTH *5-21-1843*  
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from *9-1-1911*, to *9-2-1911*,

AGE *67* yrs. *3* mos. *17* ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

that I last saw him alive on *9-2-1911*, and that death occurred, on the date stated above, at *3:20 a.m.*

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

The CAUSE OF DEATH\* was as follows:  
*Paralysis*  
*This was total paralytic*  
*aplexia*

BIRTHPLACE (City or town, State or foreign country) *Ohio*

Contributory *Emiplexia*  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER *John Chadwick*

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

MAIDEN NAME OF MOTHER *Edge Redman*

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

(Signed) *R. E. Beattie* M.D.  
*9-2-1911* (Address) *Springer Mo*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. Chadwick*

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

(ADDRESS) *Fulton Mo*

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

Filed *9/5* 1911 *W. A. Williams* REGISTRAR

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

PLACE OF BURIAL OR REMOVAL *Kansas* DATE OF BURIAL *9-4-1911*

UNDERTAKER *R. W. McConnell* ADDRESS *Kansas Mo*

Original file date *9-5-1911* 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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