

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

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

PLACE OF DEATH

County Jefferson  
Township Jochimi  
or  
Village Perrey  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 421 File No. 41780 A1  
Primary Registration District No. 5575 Registered No. 2

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

FULL NAME Charles H. Thirlwell

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE  MARRIED  WIDOWED  OR DIVORCED   
(Write the word) widow

DATE OF BIRTH November 23, 1880  
(Month) (Day) (Year)

AGE 76 yrs. 15 mos. 15 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.

NAME OF FATHER William Thirlwell

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

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. H. Thirlwell  
Perrey Mo.  
(ADDRESS)

Filed Oct 9, 1911 J. E. Rutledge  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from December 3, 1911, to December 8, 1911, that I last saw h. in alive on Dec. 8, 1911, and that death occurred, on the date stated above, at 9:00 a.m.

The CAUSE OF DEATH\* was as follows:  
Chrom. Nephritis with  
26 months of strain  
1911  
8 1/2 hr (Duration) 2 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory 17 yrs  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Dr. V. H. Hensley M. D.  
December 9, 1911 (Address) Perrey Mo.

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

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.

PLACE OF BURIAL OR REMOVAL Harrington Burial DATE OF BURIAL Dec 10, 1911

UNDERTAKER Geo. H. Hensley & Co ADDRESS Hennrich

# 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*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. T contributory (secondary or intercurrent) affection ne not be stated unless important. Example: *Measles* (d ease causing death), 29 ds.; *Bronchopneumonia* (s onday), 10 ds. Never report mere symptoms or t minimal conditions, such as "Asthenia," "Anaemi (merely symptomatic), "Atrophy," "Collapse," "Com: "Convulsions," "Debility" ("Congenital," "Senile," etc "Dropsy," "Exhaustion," "Heart failure," "Haemq rhage," "Inanition," "Marasmus," "Old age," "Shock "Uraemia," "Weakness," etc., when a definite disea can be ascertained as the cause. Always qualify : diseases resulting from childbirth or miscarriage, : "PUERPERAL septicaemia," "PUERPERAL peritonitis," et State cause for which surgical operation was unde taken. For VIOLENT DEATHS state MEANS OF INJURY a qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or probably such, if impossible to determine definite. Examples: *Accidental drowning*; *Struck by railw. train—accident*; *Revolver wound of head—homicid., 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.)

