

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County WellsTownship or Village Jourton

City (NO. St. Ward)

Registration District No. 724File No. 23010aPrimary Registration District No. 3558Registered No. 41

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

2 FULL NAME J. Thornton Keatchy

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 1 1815
 (Month) (Day) (Year)

7 AGE 92 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER Roland Keatchy

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

12 MAIDEN NAME OF MOTHER Harriet Shohoney

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bates Keatchy

(Address) New London Mo.

15 Filed 11/1 1917 J. J. Proulx Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 24 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 1917 to June 1917

that I last saw him alive on June 1917 and that death occurred, on the date stated above, at mo.

The CAUSE OF DEATH* was as follows:

Senility
59
167
 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epithelioma

(Duration) 45 yrs. x mos. x ds.

(Signed) W. H. Waters M. D.

June 1917 (Address) New London 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 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Franklin Cemetery DATE OF BURIAL June 25 1917

20 UNDERTAKER Am. Express ADDRESS New London Mo

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, 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 "Asthemia," "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.)

pls ask the Phys to state
primary part of the
- of fact -
can show - or
with -
"The following
re about -" -

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS,

The enclosed certificate is defective for the reason that the
cause of death is not stated.

Please correct, sign and return, together with this card.

J. A. B. ADCOCK, M. D.

State Registrar

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

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County *Hills*
 Townships *Sarnton*
 or
 Village
 or
 City

Registration District No. *726* File No. *23010*

Primary Registration District No. Registered No.

St. Ward

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

2 FULL NAME *J. Horton Keuchley*

3 SEX *m* COLOR OR RACE *w* 5 SINGLE MARRIED WIDOWED OR DIVORCED *w*
 (Write the word)
 6 DATE OF BIRTH
 (Month) (Day) (Year)
 7 AGE
 yrs. mos. da. If LESS than 1 day hrs. or min.?

MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from 191 to 191, that I last saw him alive on 191, and that death occurred, on the date stated above, at

8 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 PLACE OF BIRTH
 (City or town, State or foreign country)
 10 NAME OF FATHER
 BIRTHPLACE OF FATHER
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER
 BIRTHPLACE OF MOTHER
 (City or town, State or foreign country)

The CAUSE OF DEATH* was as follows:
Emphysema and old age
 (Duration) yrs. mos. da.
 CONTRIBUTORY (Secondary)
Emphysema
 (Duration) yrs. mos. da.
 (Signed) M. D.
 (Address) 191

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Signature)
 (Address)
 Filed 191
 Registrar

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 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death yrs. mos. da. In the State yrs. mos. da.
 Where was disease contracted if not at place of death?
 Former or usual residence
 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
 191
 20 UNDERTAKER ADDRESS

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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23010-A
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), *29ds.*; *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 septichaemia," "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.)