

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

6001

1 PLACE OF DEATH

County Tennessee

Township 08

Village Canthessville

City Canthessville

Registration District No. 051

File No. 19

Primary Registration District No. 4384

Registered No. 19

(NO. St. Ward)

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

2 FULL NAME Charles Wesley Adams

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Mar 6th 1895
(Month) (Day) (Year)

7 AGE 23 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS 10 NAME OF FATHER J. W. Adams
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) St Clair Co. Ill
12 MAIDEN NAME OF MOTHER Clara Mooney
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tiptonville, Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. W. Adams
(Address) Canthessville Mo

15 Filed 2/24/18 1918 B. D. Lewis
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 22 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 10 1918 to Feb 22 1918,
that I last saw him alive on Feb 22 1918,
and that death occurred, on the date stated above, at 9:08 m.

The CAUSE OF DEATH* was as follows:

Infarct
30 Measles Progn
1312

CONTRIBUTORY (Duration) yrs. mos. ds. T.B. of Kidneys
(Secondary) (Duration) yrs. mos. ds. T.B. Lungs
(Signed) 2/22 1918 (Address) Canthessville 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 Canthessville Mo DATE OF BURIAL Feb 24 1918

20 UNDERTAKER J. D. Lewis ADDRESS Canthessville 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 importance of various pursuits can be known. The question applies to each and every person, irrespective of sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Teacher*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Coal miner*, *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: by 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—boat repair*, 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 *At home*, *Housework*, or *At home, and children*, if actually employed; as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for others, 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 may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, state *None*.

Statement of cause of death.—Name, first, **THE DISEASE CAUSING DEATH** (the primary affection seen 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, 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 septicæmia*," "*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, its 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.)