

Department of Public Health - Division of Vital Statistics

## STANDARD CERTIFICATE OF DEATH

12277

756

Registered No. \_\_\_\_\_  
(Consecutive No.)

1. PLACE OF DEATH  
 County of St. Charles Registration  
 District No. 756  
 Township or Road District or Village of West Alton, Mo. Primary Dist. No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ Primary Dist. No. 5997

Street or Hospital No. West Alton, Mo. St.; Ward \_\_\_\_\_  
 (If death occurred in hospital or institution, give its name instead of street and number.)

2. FULL NAME Rupert H. Buchanan  
 (a) Residence. No. \_\_\_\_\_ St., Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH June 16, 1891  
 (Month) (Day) (Year)

7. AGE Years Months Days If LESS than 1 day, hrs. OR min.?  
32 10 5

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Electrician  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) West Alton, Mo.  
 (State or Country) \_\_\_\_\_

10. NAME OF FATHER Steve Buchanan  
 (State or Country) \_\_\_\_\_

11. BIRTHPLACE OF FATHER (city or town) Newark, New Jersey  
 (State or Country) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mrs. Evelyn Buchanan

13. BIRTHPLACE OF MOTHER (city or town) Havana, Ill.  
 (State or Country) \_\_\_\_\_

14. INFORMANT Mrs. Evelyn Buchanan  
 Address West Alton, Mo.

15. Filed April 22, 1924 C. A. Barnard  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 21, 1924  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1924, to April 20, 1924  
 that I last saw him alive on April 19, 1924  
 and that death occurred, on the date stated above, at 9 A. m.  
 The CAUSE OF DEATH\* was as follows

Pulmonary Tuberculosis

2.5 (Duration) 4 yrs. mos. ds.  
 Contributory (Secondary) \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

if not at place of death? U.S. Army

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? Chemical, history & observation

(Signed) W. A. Hoehn, M. D.

Address Alton, Ill.

Date April 21, 1924 Telephone 543

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. PLACE OF BURIAL OR REMOVAL Greenwood Cemetery, West Alton, Mo.

21. DATE OF BURIAL April 23, 1924

20. UNDERTAKER John A. Hoehn ADDRESS Alton, Ill.

Emb. by Mrs. Leines # 1842

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.

Has decedent ever served in military or naval service of U. S.?

**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," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "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, 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.)

The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.  
 Accident—Nature of (Coroner)?  
 Albuminuria—Disease causing?  
 Angina—Was it scarlet fever or diphtheria?  
 Ascites—Disease causing?  
 Asphyxia—Accidental, suicidal—cause?  
 Asthenia—State cause.  
 Atrophy—Cause of—tuberculosis, syphilis?  
 Auto { infection  
 intoxication } Cause of?  
 Bowel trouble—Name disease: diarrhoea, dysentery, enteritis, strangulation?  
 Blood poisoning—State cause.  
 Bottle feeding—What disease resulted?  
 Breaking down—What disease?  
 Cachexia—Cancer, syphilis, tuberculosis, malarial?  
 Cardiac { Asthenia  
 Debility  
 Failure  
 Weakness } Not accepted.  
 Collapse—From what?  
 Cold—Not accepted.  
 Childbirth—Physiological—what caused death?  
 Cellulitis—Give location and cause.

Coma—Cause { alcoholic?  
 opium, etc.?  
 Convulsions—Cause { epileptic—puerperal?  
 children, diarrhoea—enteritis?  
 Cramps—State cause of.  
 Cyanosis—Cause of.  
 Decline—State cause of.  
 Debility—From what disease?  
 Delirium { alcoholic?  
 traumatic?  
 Dentition—Disease causing death?  
 Dropsy—Name disease causing.  
 Dyspepsia—What organic disease?  
 Eclampsia—State cause of convulsions.  
 Emphysema—State cause.  
 Exhaustion—State cause of.  
 External violence—What kind of?  
 Failure of vital powers—What disease?  
 Feebleness—What disease?  
 Gastritis—State cause of.  
 Heart failure—See cardiac.  
 Hemorrhage—What part, and cause?  
 Inanition—Cause of?  
 Insolation (under 24 hours) (Coroner)?  
 Jaundice—Disease causing?

Laparotomy—For what disease?  
 Malnutrition—Cause of?  
 Marasmus—What disease?  
 Milk infection { diarrhoea?  
 enteritis?  
 Miscarriage—State cause of.  
 Nervous { exhaustion  
 fever } State  
 shock } disease  
 Operation—State part, and disease.  
 Old age—What disease?  
 Peritonitis—Cause of?  
 Pernicious anemia { malarial?  
 tuberculosis?  
 syphilis, etc.?  
 Pyæmia—Cause of?  
 Septicæmia—Cause of?  
 Shock—From what?  
 Surgical { operation } Stage disease.  
 shock }  
 Syncope—State cause of.  
 Tetanus—State cause of.  
 Toxæmia—State cause of.  
 Uræmia—Acute or chronic nephritis?  
 Weakness—What disease?