

JUL 30 1926

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

Do not use this space.

20547

1. PLACE OF DEATH

County St. Louis Co.

Registration District No. 1123

Township Paranville

Primary Registration District No. 6148 B

City Jefferson Brks., Mo. (N.U.S. Vet. Hosp. Jefferson Brks. Mo.)

File No. ....

Registered No. 249

2. FULL NAME William E. Whetzel

(a) Residence. No. Rulo, Nebraska St. .... Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred Un-- yrs. Known mos. --- da. --- How long in U.S., if of foreign birth? --- yrs. --- mos. --- da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
-----------------------	----------------------------------	---

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1926

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1925, 19... to June 7, 1926, 19... that I last saw h... in... alive on June 7, 1926, 19... and that death occurred, on the date stated above, at 1:20 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 19, 1889

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
<u>36</u>		<u>9</u>	<u>18</u>	

Pneumonia, Lobar:  
Complication: Lung Abscess, rt. lung with aspiration of septic material from abscess to left lung. (duration) Un yrs. kn mos. own

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Bridge carpenter

(b) General nature of industry, business, or establishment in which employed (or employer). Bridge carpenter

(c) Name of employer Arthur Skogreen

CONTRIBUTORY (SECONDARY) See above: (duration) un yrs. kn mos. own

9. BIRTHPLACE (CITY OR TOWN) Unavailable

(STATE OR COUNTRY) Nebraska

18. WHEREIN WAS DISEASE CONTRACTED Unknown. IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 26, 1926.  
May 27, 1926.

10. NAME OF FATHER Cyrus Whetzel

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rulo, Nebr.

DATE OF BURIAL June 8 1926

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable

(STATE OR COUNTRY) Unavailable

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, X-Ray & Operat-

(Signed) [Signature] M. D.

12. MAIDEN NAME OF MOTHER Hattie Alexander

H. W. Barker Chief Medical Officer USVB  
Medical Officer in Charge, U.S. Veterans  
Hospital, Jefferson Barracks, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable

(STATE OR COUNTRY) Missouri

(State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) KIND AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE. (See reverse side for additional space.)

14. INFORMANT P. H. Pinot, Medical Officer  
(Address) U.S. Vet. Hosp. Jefferson Baks, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

23. UNDERTAKER

Jun P. Collins

ADDRESS 1039 N. Grand

15. June 8 1926 FILED L. C. Obrosch M. U.

REGISTRAR

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

H. W. Barker

# 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; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name bring; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN