

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

Do not use this space.

35360

34360

1022 OF DEATH
County McDonald Registration District No. 142
Township Goodman Erie Primary Registration District No. 5693
City (Name) _____ St. _____ Ward _____

File No. _____
Registered No. _____

ALL NAME Ella Howard Kerchner
a) Residence No. Goodman St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF OR WIFE OF Carl Otto Kerchner
DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28 - 1901
YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
23 | 11 | 6

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1925
17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1925 to Nov 3, 1925 that I last saw her alive on Nov 3, 1925, and that death occurred, on the date stated above, at 7 20 a.m.

OCCUPATION OF DECEASED
a) Trade, profession, or particular kind of work Housewife
b) General nature of industry, business, or establishment in which employed (or employer) _____
c) Name of employer Self
BIRTHPLACE (CITY OR TOWN) Goodrock (STATE OR COUNTRY) Ky.
NAME OF FATHER James B. Howard
BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ky.
MAIDEN NAME OF MOTHER Annie Herd
BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Manchester Ky.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock
1450 (duration) instant yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1493
Parturition (duration) _____ yrs. mos. ds.

INFORMANT John D. Howard
(Address) Carthage Mo

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. F.razier M. D.
, 19 (Address) Goodman Mo

FILED _____ 19 _____ REGISTRAR _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Goodman Cemetery 11-5 1925
20. UNDERTAKER ADDRESS
Kerchner Drake Carthage

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) *Colton 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

pneumonia); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *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 septicemia," "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: "Certificates 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, septicemia, 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

PLACE OF DEATH
County McC Donald Registration District No. 142 File No.
Township One Primary Registration District No. 5693 Registered No.
City St. Louis St. Ward)

FULL NAME Ella Howard Kerchner

(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE Sk. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Otto Kerchner

DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 - 1901

| AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, ... hrs. or ... min. |
|-----|-----------|----------|-----------|--|
| | <u>23</u> | <u>9</u> | <u>25</u> | |

OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Self.
(c) Name of employer

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massena, Mo.

10. NAME OF FATHER James B. Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ky.

12. MAIDEN NAME OF MOTHER Marie Herd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Manchester, Ky.

INFORMANT (Address) John Howard
Cothase, Mo.

FILED 5/9 27 Chas W. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 19 26

17. I HEREBY CERTIFY That I have had deceased from Nov 2 1926 to Nov 3 1926 that I last saw him alive on Nov 3 1926, and that death occurred, on the date since above, at 7 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Stroke

CONTRIBUTORY (SECONDARY) Parturition (duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, ... DATE OF ...

DID AN OPERATION PRECEDE DEATH? no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
St. St. Prayer, M. D.
Goodman, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Goodman Cemetery DATE OF BURIAL 11-5 1926

20. UNDERTAKER Olmer-Drake Cothase ADDRESS

