

County of St Charles Dist. No. 75-6

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH  
24026

Registered No. (Consecutive No.)

West Alton Township  
Boylston Road Dist.  
Boylston Village  
City  
Primary Dist. No. 5-997  
(Cancel the three terms not applicable  
—Do not enter "R. R.," "R. F. D.," or  
other P. O. address.)  
Street and Number, No. Box 31, West Alton, Mo.

Ward, \_\_\_\_\_ Hospital  
(If death occurred in hospital or institution, give its name instead of street and number)

2. FULL NAME Catherine Ann Keen  
(a) Residence No. West Alton, Mo. St.;  
(Usual place of abode)

Ward, \_\_\_\_\_  
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX ♀ 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, or DIVORCED  
(Write the word) Married

16. DATE OF DEATH (month, day, year) July 3, 1930

5a. If married, widowed or divorced Widowed of Ellis Keen  
(or) WIFE of

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to July 3, 1930  
(that I last saw him alive on July 2, 1930  
and that death occurred, on the date stated above, at 7:27 A.M.  
The CAUSE OF DEATH\* was as follows:  
Chronic Nephritis

6. DATE OF BIRTH August 10, 1859  
(Month) (Day) (Year)

18. (Duration) 3 yrs. 13 mos. 9 ds.

7. AGE Years 70 Months 10 Days 23  
If LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.

CONTRIBUTORY (Secondary) Arteriosclerosis

8. 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 \_\_\_\_\_

19. (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
19. Where was disease contracted, if not at place of death?

9. BIRTHPLACE (city or town) Fortell Mo.  
(State or Country) \_\_\_\_\_

Was an operation performed? no Date of \_\_\_\_\_  
(For what disease or injury?)  
Was there an autopsy? no

10. NAME OF FATHER Casper Hughes

What test confirmed diagnosis? Urinal  
(Signed) C. A. Barnard, M. D.

11. BIRTHPLACE OF FATHER Unknown  
(City or Town) \_\_\_\_\_  
(State or Country) \_\_\_\_\_

Address Postage Box 31, Mo.  
Date July 4, 1930 Telephone \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Unknown

\*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10, Coroner's Act.

13. BIRTHPLACE OF MOTHER Unknown  
(City or Town) \_\_\_\_\_  
(State or Country) \_\_\_\_\_

19. PLACE OF BURIAL  
Cremation or Removal \_\_\_\_\_  
Cemetery Oak Grove  
Location St Charles  
(Township, Road Dist., Village or City)

20. DATE July 6, 1930

14. INFORMANT Ellis Keen  
P. O. Address West Alton, Mo.

20. PLACE OF BURIAL  
Cremation or Removal \_\_\_\_\_  
Cemetery Oak Grove  
Location St Charles  
(Township, Road Dist., Village or City)

21. ADDRESS 113 St. 4th St Alton, Ill

15. Filed July 4, 1930 C. A. Barnard Registrar  
P. O. Address Postage Box 31, Mo.

20. UNDERTAKER J. Russell  
(personal signature with pen and ink)  
(firm name, if any)

AUG 20 1930

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

occupation is very important. Exact statement of

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, eg., *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 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 organ; "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 inter-current) 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 child-birth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

All deaths from "violence, casualty, or any undue means" must be referred to the coroner; A MEDICAL CERTIFICATE OF DEATH IN SUCH CASES DOES NOT COMPLY WITH THE REGISTRATION LAW OF ILLINOIS. See Section 10, Coroner's Act.

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

Abscess—Locate and describe.  
 Accident—Refer to 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 } Cause of?  
           { intoxication }  
 Bowel trouble—Name disease; diarrhoea, dysentery, enteritis, stragulation?  
 Blood poisoning—State cause.  
 Bottle feeding—What disease resulted?  
 Breaking down—What disease?  
 Cachæxia—Cancer, syphilis, tuberculosis, malarial?  
 Cancer—Primary location.  
 Cardiac { Asthenia }  
           { Debility } Not accepted.  
           { Failure }  
           { Weakness }  
 Collapse—From what?  
 Cold—Not accepted.  
 Childbirth—Physiological—what caused death?

Cellulitis—Give location and cause.  
 Coma—Cause {alcoholic? }  
                   { opium, etc.? }  
 Convulsions—Cause { epileptic- puer- }  
                           { peral }  
                           { children, diar- }  
                           { rhoea-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—Refer to Coroner.  
 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?  
 Malnutrition—Cause of?

Marasmus—What disease?  
 Milk infection {diarrhoea? }  
                       {enteritis? }  
 Miscarriage—State cause of.  
 Nervous {exhaustion } State  
           { fever } disease.  
           { shock }  
 Old age—What disease?  
 Operation—State part and disease.  
 Paresis—General paralysis of the insane, or not?  
 Peritonitis—Cause of?  
 Pernicious anemia {malarial? }  
                           { tuberculosis? }  
                           { syphilis, etc? }  
 Pneumonia { Broncho- } { Primary or }  
                   { Lobar? } { Secondary }  
   { to what? }  
 Pyæmia—Cause of?  
 Salpingitis—Cause of?  
 Septicæmia—Cause of?  
 Shock—From what?  
 Surgical operation { } State disease.  
                           { shock }  
 Syncope—State cause of.  
 Tetanus—State cause of.  
 Toxæmia—State cause of.  
 Uræmia—Acute or chronic nephritis.  
 Weakness—What disease?