

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

1 PLACE OF DEATH

County Linn
Township Whiting
Village Whiting
City Whiting

Registration District No. 576 File No. 29146

Primary Registration District No. 5786 Registered No. 6

2 FULL NAME Charles P. Beckwith

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

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Aug 12 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Dec. 1st 1842
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 10 1917 to Aug 12 1917 that I last saw him alive on Aug 12 1917 and that death occurred, on the date stated above, at 5:15 p.m.

7 AGE 74 yrs. 8 mos. 12 ds. If LESS than 1 day...hrs. or...min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer) Gen. Farming

Cerebral Hemorrhage

9 BIRTHPLACE (City or town, State or foreign country) Pomfret Chas. Co N.Y.

(Duration) yrs. mos. ds.

10 NAME OF FATHER Russel Beckwith

CONTRIBUTORY (Secondary) age

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Chemango Co N.Y.

(Duration) yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Rosetta Douglas

(Signed) W. S. Wolfe M. D.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pomfret Co N.Y.

Aug 13 1917 (Address) Whiting Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Informant) Miss Olin Power

At place of death... yrs. mos. ds. In the State... yrs. mos. ds.

(Address) Whiting Mo

Where was disease contracted if not at place of death?

15 Filed Aug 13 1917 W. S. Wolfe Registrar

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Whiting Mo DATE OF BURIAL Aug 14 1917

20 UNDERTAKER Frank P. Smiley ADDRESS Whiting 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 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*; *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), *20 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 *septicaemia*," "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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Livingston*
 Township *Whellung*
 or
 Village
 or
 City

REGISTRARS SHALL NOT RECEIVE
 A FEE FOR CERTIFICATES UNTIL THEY
 ARE COMPLETED AS PRESCRIBED BY
 LAW

Registration District No. *516*
 Primary Registration District No. *5086*

File No.
 Registered No. *6*

NO. St.: Ward)

2 FULL NAME

Charles P. Beckwith

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *M* 4 COLOR OR RACE *W* 5 SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word) *W*

16 DATE OF DEATH *May 17* 191*7*
 (Month) (Day) (Year)

6 DATE OF BIRTH
 (Month) (Day) 1 (Year)

17 I HEREBY CERTIFY, that I attended deceased from
 191*7* to 191*7*
 that I last saw h. alive on 191*7*
 and that death occurred, on the date stated above, at m.
 Information Supplied

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

The CAUSE OF DEATH* was as follows:

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

*Central Home work
 Causing General Paralysis
 and Cerebra Sclerosis*
 (Duration) yrs. mos. ds.

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

CONTRIBUTORY *Arterio Sclerosis*
 (Secondary) *4*
 (Duration) yrs. mos. ds.

10 NAME OF FATHER

(Signed) *W. A. Sipple* M. D.
Aug 13 191*7* (Address) *Whellung MO*

11 BIRTHPLACE OF FATHER
 (City or town, State or foreign country)

*State the Disease Causing Death, or, in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

12 MAIDEN NAME OF MOTHER

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
 or Recent Residents)

13 BIRTHPLACE OF MOTHER
 (City or town, State or foreign country)

At place of death yrs. mos. ds. In the
 State yrs. mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted
 if not at place of death?

(Informant)

Former or
 usual residence

(Address)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
 191.....

15

20 UNDERTAKER ADDRESS

Filed *Aug 13* 191*7* *W. A. Sipple*
 Registrar

Original file, date....., 19.....

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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 inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29ds.; *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 septicaemia," "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.)

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