

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

PLACE OF DEATH

County Macon  
Township Bever  
or  
Village  
or  
City Bever (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 527  
Primary Registration District No. 4313

File No. 149717  
Registered No. 14

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

FULL NAME Arnold Lu Brinker

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED -  
(Write the word)

DATE OF BIRTH Oct 31, 1916  
(Month) (Day) (Year)

AGE 1 yrs. 4 mos. 10 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work 13  
(b) General nature of industry, business, or establishment in which employed (or employer) 7

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

PARENTS  
NAME OF FATHER Fred J Brinker  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Macon Mo  
MAIDEN NAME OF MOTHER Helen Deal  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Macon Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred J Brinker  
(ADDRESS) Bever Mo

Filed March 23 1918 W. S. Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 22<sup>nd</sup>, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 21, 1918, to March 22, 1918, that I last saw him alive on March 21, 1918, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH\* was as follows:  
Cerebral Spinal Meningitis following

(Duration) 5 ds.  
Contributory Bronchitis Pneumonia  
March 21 (Duration) yrs. mos. 14 ds.  
(Signed) W. S. Watson M. D.  
March 21, 1918 (Address) Bever Mo

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Calwood DATE OF BURIAL 3/23 1918

UNDERTAKER Albert Spence ADDRESS Bever Mo



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

PLACE OF DEATH  
County Macon  
Township \_\_\_\_\_  
Village \_\_\_\_\_  
City Bevier (NO. \_\_\_\_\_) St.; \_\_\_\_\_ Ward

Registration District No. 527 File No. 14  
Primary Registration District No. 42313 Registered No. 14

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

FULL NAME Donald Lee Drinker

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

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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Oct 31, 1918  
(Month) (Day) (Year)

AGE 1 yrs. 4 mos. 10 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(L) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Bevier Mo.

NAME OF FATHER Fred J. Drinker

BIRTHPLACE OF FATHER (City or town, State or foreign country) Macon Mo.

MAIDEN NAME OF MOTHER Helen Neal

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Fred J. Drinker

(ADDRESS) Bevier Mo.

Filed Mar 23 1918 D. D. Watson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 21, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 21, 1918, to Mar 21, 1918, that I last saw him alive on Mar 21, 1918, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH was as follows:  
Cerebro Spinal Fever

Contributory Bronchitis Pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) D. D. Watson, M. D.  
Mar 20 1918 (Address) Bevier, Mo.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted  
If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Catwood Cemetery DATE OF BURIAL Mar 23 1918

UNDERTAKER Albert Skinner ADDRESS Bevier 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*, *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*, *Sar-*

coma, 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," "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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