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.

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

**PLACE OF DEATH**

County Franklin

Township _____ or Village St. Clair or City _____ (NO. _____ St.; _____ Ward)

Registration District No. 294 File No. 12796

Primary Registration District No. 4178 Registered No. 11

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

FULL NAME Ludwig Roger Harrell

**PERSONAL AND STATISTICAL PARTICULARS**

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

DATE OF BIRTH May 11th (Month) (Day), 1908 (Year)

AGE 2 yrs. — mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work — 10.15
(b) General nature of industry, business, or establishment in which employed (or employer) — 11.45

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

PARENTS
NAME OF FATHER Henry A. Harrell
BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Clair, Mo.
MAIDEN NAME OF MOTHER Mande Anna Rogers
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lindell, Mo. (Marie's Co.)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. F. Briegleb
(ADDRESS) St. Clair Mo.

Filed May 23, 1910. W. E. Kitchell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH May 22 (Month) (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from January, 1910, to May 22, 1910, that I last saw him alive on May 22, 1910, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Post diphtheritic Laryngeal and Pulmonary Paralysis

(Duration) — yrs. — mos. 9 ds.

Resulting from Diphtheria

Contributory (SECONDARY) (Duration) — yrs. — mos. 10 ds.

(Signed) C. F. Briegleb M. D.

May 23, 1910 (Address) St. Clair, 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 St. Clair Mo

PLACE OF BURIAL OR REMOVAL St. Clair Mo

DATE OF BURIAL May 24, 1910

UNDERTAKER Webb Duckworth

ADDRESS St. Clair

# Revised United States Standard Certific ate of Death

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

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**Statement of occupation.**—Precise statemen occupation is very important, so that the relative hea f oc- fulness of various pursuits can be known. The ques alth- applies to each and every person, irrespective of ques- For many occupations a single word or term on the e of line will be sufficient, e. g., *Farmer* or *Planter, Physic* n on *Compositor, Architect, Locomotive engineer, Civil engin inter, Stationary fireman*, etc. But in many cases especially neer, industrial employments, it is necessary to know (*a*) many kind of work and also (*b*) the nature of the business eces- industry, and therefore an additional line is provided the the latter statement; it should be used only when need e an As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesm* t; it (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* (*a*) material worked on may form part of the second st cery; ment. Never return "Laborer," "Foreman," "Manag terial "Dealer," etc., without more precise specification, as ment. *laborer, Farm laborer, Laborer—Coal mine*, etc. Wor nager," at home, who are engaged in the duties of the house n, as only (not paid *Housekeepers* who receive a definite sala etc. may be entered as *Housewife, Housework*, or *At home,* f the children, not gainfully employed, as *At school* or *At ho* ive a Care should be taken to report specifically the occupat bloyed, of persons engaged in domestic service for wages, as *Iouse- vant, Cook, Housemaid*, etc. If the occupation has to re- changed or given up on account of the DISEASE CAUS ed in DEATH, state occupation at beginning of illness. If tired from business, that fact may be indicated th *House- Farmer* (*retired, 6 yrs.*). For persons who have no oc given pation whatever, write *None.*. te oc- **Statement of cause of death.**—Name, first, busi- DISEASE CAUSING DEATH (the primary affection with (*re- spect to time and causation*), using always the s pation accepted term for the same disease. Examples: *C brospinal fever* (the only definite synonym is "Epidet, the cerebrospinal meningitis"); *Diphtheria* (avoid use ith re- "Croup"); *Typhoid fever* (never report "Typhoid pr same monia"); *Lobar pneumonia; Bronchopneumonia* ("Pr *Cere-* monia," unqualified, is indefinite); *Tuberculosis of lu* idemic *meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc use of ..... (name origin; "Cancer" is less definite; a yphoid use of "Tumor" for malignant neoplasms); *Mea monia culosis , 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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.