

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 Transier
Township Union
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 296

File No. 19744

Primary Registration District No. 5413

Registered No. 25

FULL NAME Barbara Eckstein

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE male
MARRIED male
WIDOWED male
OR DIVORCED male
(Write the word)

DATE OF BIRTH July 16th, 1910
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 3/4 ds. If LESS than 1 day, 18 hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Infant 159
(b) General nature of industry, business, or establishment in which employed (or employer) _____ 158

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

PARENTS

NAME OF FATHER Albert Eckstein
BIRTHPLACE OF FATHER Union, Mo.
(City or town, State or foreign country) Franklin Co, Mo.

MAIDEN NAME OF MOTHER Mary Burschke
BIRTHPLACE OF MOTHER Union, Mo.
(City or town, State or foreign country) Franklin Co, Mo.

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

Filed July 18, 1910. E. A. Luning
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 16, 1910, to _____, 1910, that I last saw her alive on July 16, 1910, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Premature birth and immature development.
(Duration) _____ yrs. _____ mos. 3/4 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. F. Bruegel M. D.
St. Clair, Mo. (Address)

*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 Joseph Carbon Cemetery DATE OF BURIAL July 17, 1910
UNDERTAKER Geo. Reuss ADDRESS Leser

Revised United States Standard Certificate of Death

[Approved by U. S. Census and Vital Statistics Association]

American Public Health Association

Statement of occupation.

occupation is very important, so that the relative healthfulness of various pursuits can be applied to each and every person. For many occupations a single word will be sufficient, e. g., *Farm Compositor, Architect, Locomotive Stationary fireman*, etc. But in industrial employments, it is necessary to state the kind of work and also (b) the name of the industry, and therefore an additional statement; it should be given as examples: (a) *Spinner*, (b) *Cowboy*; (a) *Foreman*, (b) *A material worked on may form part of the material.* Never return "Laborer," "Salesman," "Grocery Dealer," etc., without more precise specification, as *laborer, Farm laborer, Laborer—Coal mine*, etc. who are engaged in the home, who are engaged in the only (not paid *Housekeepers* who may be entered as *Housewife, Housewife, Housborer—Coal mine*, etc. children, not gainfully employed, aged in the duties of the Care should be taken to report *specckeeper*s who receive a of persons engaged in domestic ser as *Housewife, House- vant, Cook, Housemaid*, etc. If th not gainfully employed, changed or given up on account of should be taken to re- DEATH, state occupation at begin of persons engaged in tired from business, that fact me *Servant, Cook, House- Farmer (retired, 6 yrs.)*. For perso been changed or given pation whatever, write *None*.

Statement of cause of death

DISEASE CAUSING DEATH (the primary thus: *Farmer (re- spect to time and causation), us- to have no occupation accepted term for the same dise-*

brospinal fever (the only definite a th.—Name, first, the cerebrospinal meningitis"); *Diph-* (primary affection with re- "Croup"); *Typhoid fever* (never r- using always the same monia"); *Lobar pneumonia; Bron-* case. Examples: *Cere- monia*, unqualified, is indefinite); synonym is "Epidemic meningis, peritonaeum, etc., *Carcin-* htheria (avoid use of (name origin; "Cancer" ever report "Typhoid use of "Tumor" for malignant ia; *Bronchopneumonia* definite); *Tuberculosis*, 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 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.)

