

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.

County <u>Madison</u>		Registration District No. <u>7</u>	File No. <u>21460</u>
Township <u>Madawaska</u>		Primary Registration District No. <u>1248</u>	Registered No. <u>3789</u>
Village _____		City (NO. <u>St. Rose</u> )	Ward _____
FULL NAME <u>Annie Fischer</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	MARITAL STATUS <u>Married</u>	DATE OF DEATH <u>July 13, 1910</u>
DATE OF BIRTH <u>June 5, 1883</u>		I HEREBY CERTIFY, that I attended deceased from <u>July 9, 1910, to July 13, 1910,</u>	
AGE <u>27</u> yrs. _____ mos. _____ ds.		that I last saw her alive on <u>July 13, 1910,</u>	
OCCUPATION <u>House Wife</u>		and that death occurred, on the date stated above, at <u>11 P. M.</u>	
BIRTHPLACE <u>Romainey</u>		The CAUSE OF DEATH* was as follows:	
NAME OF FATHER <u>Not known</u>		<u>PHTHISIS PULMONALIS</u>	
BIRTHPLACE OF FATHER <u>Romainey</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
MAIDEN NAME OF MOTHER <u>Not known</u>		Contributory _____	
BIRTHPLACE OF MOTHER <u>Not known</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Signed) <u>Lucas E. Barbeau</u> M. D.	
(Informant) <u>Martin Fiasano</u>		<u>July 13, 1910</u> (Date)	
(ADDRESS) <u>9742 Cassabel</u>		<u>MT. ST. ROSE</u>	
JUL 14 1910 Filed		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
S. P. O'Brien M.D. REGISTRAR		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 <u>Calvary</u>	DATE OF BURIAL <u>July 17, 1910</u>
		UNDERTAKER <u>Speckhart &amp; Co.</u>	ADDRESS <u>132 Franklin</u>

Overman

# vised 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 sex. 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) *Miner*, (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: *Farm r (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, 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.)



St. Louis Mo  
August 17 10

Frank B Hillier M.D.

Sec. Mo. State Board of Health.

Jefferson City Mo.

Dear Doctor :-

In reply to your letter of the 15<sup>th</sup> inst. in which you request an explanation as to where the mistake was made in making out a death certificate for Annie Kirscher when it should have been made out for Annie Gresham, will state that Annie Gresham, being a Roumanian, pronounced her name incorrectly, so that we took it down as it sounded to us, namely Annie Kirscher. When this name was shown to her in written form, she nodded her head in a manner which made us believe that her name had been spelled correctly. Accordingly a death certificate was made out bearing the name Annie Kirscher. A few days following her death, we

1460

discovered the error when her husband  
asked us to certify as to her death. We  
noticed that the name should have been  
Gresham instead of Kirscher.

Yours Respectfully

Mt. St. Rose Hospital

Per. Lawrence B. Bitz M.D.

House Physician.

Sworn and subscribed to this 17<sup>th</sup> day of August,  
1910

Ernest W. Winkelman

My term expires Jan. 12, 1914

Notary Public

21460.