

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 Warren
Township Elkhorn
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 887 File No. 22690
Primary Registration District No. 6171 Registered No. 25

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>July 11, 1857</u> (Month) (Day) (Year)		
AGE <u>59</u> yrs. <u>11</u> mos. <u>29</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>farmer</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Warren Co., Mo.</u>		
PARENTS	NAME OF FATHER <u>John Guerding</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	
	MAIDEN NAME OF MOTHER <u>Louisa Hezaman</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1, 1910, to July 9, 1910, that I last saw him alive on the July 9, 1910, and that death occurred, on the date stated above, at 5:30 m. The CAUSE OF DEATH* was as follows: Tuberculosis of left wrist joint & Consumption

Contributory Adynamia
(Duration) 1 yrs. 3 mos. 20 ds.
(Signed) John H. Dyer M. D.
July 9, 1910 (Address) Warrenton Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Guerding
(ADDRESS) Warrenton Mo
Filed July 11th, 1910 John H. Dyer REGISTRAR

*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 Warrenton Mo DATE OF BURIAL July 11, 1910
UNDERTAKER Henry Buschmann ADDRESS Warrenton 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) *Never return Laborer*, *Foreman*, *Dealer*, etc., without more precise specification; *Grocery laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. (b) *at home*, who are engaged in the duties of the *Manager*, only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *Assistant*, as children, not gainfully employed, as *At school of mine*, etc. Care should be taken to report specifically the duties of the of persons engaged in domestic service, for who receive a *vant*, *Cook*, *Housemaid*, etc. If the occupation is changed or given up on account of the disease, state occupation at beginning of illness, taken to retired from business, that fact may be indicated as *Farmer (retired, 6 yrs.)*. For persons who have been engaged or given occupation whatever, write *None*.

Statement of cause of death.—Name of disease, state of DISEASE CAUSING DEATH (the primary affectid from business to time and causation), using always the accepted term for the same disease. Example: *Occupation cerebrospinal fever* (the only definite synonym is *cerebrospinal meningitis*); *Diphtheria* (avoid, first, the "Croup"); *Typhoid fever* (never report "Typhion with remonia"); *Lobar pneumonia*; *Bronchopneumonia* (the same monia," unqualified, is indefinite); *Tuberculosis*: *Cerebrumeninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcos*; "Epidemic (name origin; "Cancer" is less definite use of "Tumor" for malignant neoplasms) "Typhoid pneumonia tuberculosis 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.)

