

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

PLACE OF DEATH

County Shelby

Township \_\_\_\_\_

or Village Hummerwell

or City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 828

File No. 36581

Primary Registration District No. 74501

Registered No. 21

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

FULL NAME Oliver Raffensberger

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH July 30, 1895  
(Month) (Day) (Year)

AGE 15 yrs. 4 mos. 5 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None 184  
(b) General nature of industry, business, or establishment in which employed (or employer) None

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

NAME OF FATHER William Raffensberger

BIRTHPLACE OF FATHER (City or town, State or foreign country) MO

MAIDEN NAME OF MOTHER Josie Brown

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Will Raffensberger

(ADDRESS) Hummerwell MO

Filed Nov 15, 1910 D. C. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 5, 1910, to after death, 1910, that I last saw him alive on Nov 5, 1910, and that death occurred, on the date stated above, at 2 P. m. The CAUSE OF DEATH\* was as follows:

Gun shot wound  
Accidentally, death instan  
taneously  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) D. C. Johnson M. D. (Address) Hummerwell

\*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 Hummerwell MO DATE OF BURIAL Nov 9, 1910

UNDERTAKER Ed McClure ADDRESS Hummerwell

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.

# 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*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name less definite; avoid use of "Tumors, neoplasms"); *Measles*; *Whooping cough*; *Chronic interstitial nephritis*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis* (secondary or intercurrent), *29 ds.*; *Bronchopneumonia*, *10 ds.* Never report minimal conditions, such as "Asymptomatic," "Atrophy," "Convulsions," "Debility" ("Congestive Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Uraemia," "Weakness," etc., which can be ascertained as the cause. Diseases resulting from childbirth: "Puerperal septicaemia," "Puerperal eclampsia," etc. State cause for which surgical operation was taken. For VIOLENT DEATHS state manner of death. Persons who do not qualify as ACCIDENTAL, SUICIDAL, or SELF-KILLED, but whose death is probably such, if impossible to determine, state "Accidental drowning"; "Train—accident"; "Revolver wound"; "Poisoned by carbolic acid—probable cause of the injury, as fracture of skull"; "Septicemia" (e. g., "sepsis, tetanus") may be entered in head of "Contributory." (Recommendation of cause of death approved by the American Medical Association.)

—Precise statement of occupation, first, the name, first, the name of the disease causing death, 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*, *Sarcoma*, etc. Avoid use of "Tumors, neoplasms"; *Measles*; *Whooping cough*; *Chronic interstitial nephritis*; *Chronic interstitial heart disease*; *Chronic interstitial nephritis* (secondary or intercurrent), *29 ds.*; *Bronchopneumonia*, *10 ds.* Never report minimal conditions, such as "Asymptomatic," "Atrophy," "Convulsions," "Debility" ("Congestive Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Uraemia," "Weakness," etc., which can be ascertained as the cause. Diseases resulting from childbirth: "Puerperal septicaemia," "Puerperal eclampsia," etc. State cause for which surgical operation was taken. For VIOLENT DEATHS state manner of death. Persons who do not qualify as ACCIDENTAL, SUICIDAL, or SELF-KILLED, but whose death is probably such, if impossible to determine, state "Accidental drowning"; "Train—accident"; "Revolver wound"; "Poisoned by carbolic acid—probable cause of the injury, as fracture of skull"; "Septicemia" (e. g., "sepsis, tetanus") may be entered in head of "Contributory." (Recommendation of cause of death approved by the American Medical Association.)