

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

PLACE OF DEATH

County Cole County Registration District No. 216 File No. 37501  
Township Osage Primary Registration District No. 5296 Registered No. 9  
Village St. Thomas  
City St. Thomas (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME: Theodor J. Luebert

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>Nov 28<sup>th</sup></u> (Month) (Day) (Year) <u>1841</u>		AGE <u>69</u> yrs. mos. ds.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
BIRTHPLACE (City or town, State or foreign country) <u>Westphalia Germany</u>		
PARENTS	NAME OF FATHER <u>Theodor J. Luebert</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	
	MAIDEN NAME OF MOTHER <u>don't know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28<sup>th</sup> 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from August, 1910, to December, 1910, that I last saw him alive on the 28<sup>th</sup>, 1910, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH\* was as follows:  
Cancer of Stomach

(Duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds.

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

(Signed) Henry G. Werners M.D. (Address) St. Thomas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Hermon Libbert  
(ADDRESS) St. Thomas 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 \_\_\_\_\_

Filed Dec 29 1910 L. A. J. Meyer MD  
REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Thomas Cath. Cem DATE OF BURIAL Dec 30 1910  
UNDERTAKER F. B. L. Walther ADDRESS St. Thomas Mo

# 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 healthness 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*, *Miner*, *Blacksmith*, *Farrier*, *Blacksmith*, *Compositor*, *Architect*, *Locomotive engineer*, *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 name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material on the second line may form part of the second statement. Return "Laborer," "Foreman," "Manager," "Operator," etc., without more precise specification, as *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*, *Housekeeper*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to re- specify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given upon account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 5 yrs.)*. For persons who have no occupation or profession, write *None*.

Determination of cause of death.—Name, first, the primary cause of death (the primary affection with reference 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.)

