

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.

PLACE OF DEATH

County Maries  
Township Jackson  
or  
Village Vienna  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

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

Registration District No. 542

File No. 38816

Primary Registration District No. 4322

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Charley Winkle

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Infant  
(Write the word)

DATE OF BIRTH 12 (Month) 22 (Day) 1910 (Year)

AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 17 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

BIRTHPLACE  
(City or town, State or foreign country) Vienna Mo

PARENTS  
NAME OF FATHER John L Winkle  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Maries Co  
MAIDEN NAME OF MOTHER Anna M. Schuid  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Maries Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John L Winkle  
(ADDRESS) Vienna Mo

Filed 12/26 1910 T. S. Megee  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 (Month) 26 (Day) 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,

and that death occurred, on the date stated above, at 10<sup>30</sup> p.m.

The CAUSE OF DEATH\* was as follows:

Hives

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

Contributory  
(SECONDARY)

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

(Signed) John L Winkle M. D.  
Father, 191\_\_\_\_ (Address) Vienna 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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Vienna cemetery DATE OF BURIAL 12/27 1910

UNDERTAKER Wm McKeever ADDRESS Vienna Mo

# Revised United States Standard of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise state health occupation is very important, so that the resultfulness of various pursuits can be known. It applies to each and every person, irrespective of occupation. For many occupations a single word or term in the health-line will be sufficient, e. g., *Farmer* or *Planter*. The question *Compositor*, *Architect*, *Locomotive engineer*, *Cispective of Stationary fireman*, etc. But in many cases or term on industrial employments, it is necessary to know *Planter*, kind of work and also (b) the nature of the *e engineer*, industry, and therefore an additional line is put in many the latter statement; it should be used only when necessary. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) (b) the (b) *Grocery*; (a) *Foreman*, (b) *Automobile* therefore an material worked on may form part of the statement; it ment. Never return "Laborer," "Foreman," "ples: (a) "Dealer," etc., without more precise specificat) *Grocery*; *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc material at home, who are engaged in the duties of the statement. only (not paid *Housekeepers* who receive a definite "Manager," may be entered as *Housewife*, *Housework*, or *Alcation*, as children, not gainfully employed, as *At school* mine, etc. Care should be taken to report specifically the ties of the of persons engaged in domestic service for wa, receive a vant, *Cook*, *Housemaid*, etc. If the occupation, *House-* changed or given up on account of the DISEASE employed, DEATH, state occupation at beginning of illness, then to retired from business, that fact may be indicated in *Farmer (retired, 8 yrs.)*. For persons who have, *House-* occupation whatever, write *None*.

**Statement of cause of death.**—Name, state oc- DISEASE CAUSING DEATH (the primary affectio, from busi- spect to time and causation), using always, *rmer (re-* accepted term for the same disease. Exam occupation *brospinal fever* (the only definite synonym is cerebrosppinal meningitis"); *Diphtheria* (avo first, the "Croup"); *Typhoid fever* (never report "Typ with re- monia"); *Lobar pneumonia*; *Bronchopneumon*: the same monia," unqualified, is indefinite); *Tuberculosis*: les: *Cere-* *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarco*: "Epidemic ..... (name origin; "Cancer" is less defi, id use of use of "Tumor" for malignant neoplasms) "Typhoid pneumonia tuberculosis oma, 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 surgi al 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.)

