

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

PLACE OF DEATH

County Ste Genevieve
Township Ste Genevieve
or
Village Wrightsville Mo.
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 780 File No. 89435
Primary Registration District No. 6025 Registered No. 53

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

FULL NAME Loirena Mary Longelin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH April 28, 1888
(Month) (Day) (Year)

AGE 21 yrs. 7 mos. 28 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE River aux Vases Mo
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Louis Gregory Longelin
BIRTHPLACE OF FATHER River aux Vases Mo
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Mary Nora Labrayere
BIRTHPLACE OF MOTHER River aux Vases Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) X

(ADDRESS) _____

Filed Dec 23 1910 J.E. Munch REGISTRAR

Per Wm P. Munch

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 20, 1910, to Dec 21, 1910, that I last saw her alive on Dec 16, 1910, and that death occurred, on the date stated above, at 3: P.M. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) _____ yrs. 4 mos. 20 ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. J. Morgausteen M. D.
112/22 1910 (Address) Wrightsville - 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 River aux Vases Mo DATE OF BURIAL Dec 23 1910

UNDER H. J. Morgausteen ADDRESS River aux Vases Mo.

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*, *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) *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 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," "tetanus") may "Dropsy," "Exhaustion," "Heart failure," "Hay," (Recommendation) "Inanition," "Marasmus," "Old age," "Spleen," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage: "PUERPERAL septicaemia," "PUERPERAL peritonitis." State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF INJURY qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homocidal*; *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 head of "Contributory." (Recommendations on nomenclature of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.



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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
County Ste. Genevieve
Township " "
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 780 File No. 39435
Primary Registration District No. 6025 Registered No. 53

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

FULL NAME Sorena Mary Longdia

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W SINGLE MARRIED WIDDED OR DIVORCED (Write the word)

DATE OF DEATH _____ 12-21, 1910
(Month) (Day) (Year)

DATE OF BIRTH 4-28, 1881
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 10-2-1910, to 12-21-1910, that I last saw him alive on 12-16-1910, and that death occurred, on the date stated above, at 3 p.m.
The CAUSE OF DEATH* was as follows:

AGE 21 yrs. 7 mos. 8 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

Pulmonary Tuberculosis

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

(Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) River Aux Vases, Mo.

Contributory (SECONDARY) _____ (Duration) _____ yrs. 4 mos. 20 ds.

NAME OF FATHER Louis Gregory Dangle

(Signed) H. J. Morganstein M.D. 12/22, 1910 (Address) Green Garden, Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) River Aux Vases, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

MAIDEN NAME OF MOTHER May McGabrayne

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

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

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) X Wm P. Huck

Where was disease contracted If not at place of death? _____

(ADDRESS) X McGenevieve, Mo.

Former or usual residence _____

Filed Dec 23 1910 X J. E. Winch REGISTRAR

PLACE OF BURIAL OR REMOVAL River Aux Vases, Mo. DATE OF BURIAL 12/23 1910

UNDERTAKER St. Joseph ADDRESS River Aux Vases

Revised United States Standard Certificate of Death

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

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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.)