

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

**PLACE OF DEATH**

County Gasconade  
Township Richland  
or  
Village Stolpe  
or  
City Stolpe

Registration District No. 304 File No. K. 6001

Primary Registration District No. 5421 Registered No. 23

St.: \_\_\_\_\_ Ward) \_\_\_\_\_

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

**FULL NAME** Geo Rausch

**PERSONAL AND STATISTICAL PARTICULARS**

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

DATE OF BIRTH March 11, 1890  
(Month) (Day) (Year)

AGE 20 yrs. 11 mos. 6 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Jamm hands  
(b) General nature of industry, business, or establishment in which employed (or employer) 1-6-1911

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

PARENTS NAME OF FATHER Christian Rausch

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

MAIDEN NAME OF MOTHER Louisa Gumper

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Christian Rausch

(ADDRESS) Herman No R 75 No

Filed Feb 18 1911 J H Cayhall REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Feb 17, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 14, 1911, to Feb 17, 1911, that I last saw him alive on Feb 16, 1911,

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH\* was as follows:  
Apoplexy

82 A 6  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

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

(Signed) J H Cayhall M. D. Feb 18, 1911 (Address) Morrison

\*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 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? At blood death

Former or usual residence St. Louis

PLACE OF BURIAL OR REMOVAL open Church Cemetery DATE OF BURIAL 2/19 1911

UNDERTAKER Christ. J. Pope Morrison, Mo. ADDRESS \_\_\_\_\_

# 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)

*Miner*, (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,"

"Healer," etc., without more precise specification, as

by *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

finite salary), may be entered as *Housewife*, *House-*

*wife*, or *At home*, and children, not gainfully employed,

*At school* or *At home*. Care should be taken to re-

port specifically the occupations of persons engaged in

domestic service for wages, as *Servant*, *Cook*, *House-*

*maid*, etc. If the occupation has been changed or given

on account of the DISEASE CAUSING DEATH, state occu-

ation at beginning of illness. If retired from busi-

ness, that fact may be indicated thus: *Farmer* (re-

taired, 6 yrs.). For persons who have no occupation

state *None*.

**Statement of cause of death.**—Name, first, the

DISEASE CAUSING DEATH (the primary affection with re-

spect to time and causation), using always the same

accepted term for the same disease. Examples: *Cere-*

*brospinal fever* (the only definite synonym is "Epidemic

*cerebrospinal meningitis*"); *Diphtheria* (avoid use of

"roup"); *Typhoid fever* (never report "Typhoid

*pneumonia*"); *Lobar pneumonia*; *Bronchopneumonia*

*pneumonia*, unqualified, is indefinite); *Tuberculosis*

*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, report special "PUERPERAL septicæmia," "PUERPERAL peritonitis," domestic septicæmia, etc. If taken. For VIOLENT DEATHS state MEANS OF INJURY as account of qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or at beginning probably such, if impossible to determine definitely at fact in Examples: *Accidental drowning*; *Struck by rail*. For personal *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.)

HUGH STEPHENS, JEFFERSON CITY.

