

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

PLACE OF DEATH

County Greene

Township \_\_\_\_\_

Village \_\_\_\_\_

City Springfield

Registration District No. 328

File No. 6073

Primary Registration District No. 2001

Registered No. 109

(Not a Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Frank M. Pfeeters

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Feb. 19, 1911  
(Month) (Day) (Year)

DATE OF BIRTH unknown, 1856  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 2/4, 1911, to 2/19, 1911, that I last saw him alive on 2/19, 1911, and that death occurred, on the date stated above, at 7:25 p.m.

AGE 55 yrs. ~~56~~ mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Pneumonia lobar.

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

10 1/2 (Duration) yrs. 17 mos. 17 ds.  
11 1/2 (Duration) yrs. 3 mos. 3 ds.

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

Contributory Pleurisy

NAME OF FATHER unobtainable

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

MAIDEN NAME OF MOTHER

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

(Signed) O. C. Horst M. D.  
Feb 19, 1911 (Address) Springfield, Mo

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) O. C. Horst

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 8 yrs. 8 mos. — ds. In the State — yrs. — mos. — ds.

(ADDRESS) Frisco Hospital

Where was disease contracted if not at place of death? Unknown

Former or usual residence Unknown

Filed Feb 25, 1911 G. B. Lemmon REGISTRAR

PLACE OF BURIAL OR REMOVAL Hazelwood DATE OF BURIAL Feb. 20, 1911

UNDERTAKER Panau Mnd. Co., 410 South ADDRESS

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)

*er*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; *Foreman*, (b) *Automobile factory*. The material ad on may form part of the second statement. r return "Laborer," "Foreman," "Manager," er," etc., without more precise specification, as

**Re** *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. en at home, who are engaged in the duties of the hold only (not paid *Housekeepers* who receive a te salary), may be entered as *Housewife*, *House-* or *At home*, and children, not gainfully employed, school or *At home*. Care should be taken to re-

spectively the occupations of persons engaged in cup tic service for wages, as *Servant*, *Cook*, *House-* full etc. If the occupation has been changed or given app account of the DISEASE CAUSING DEATH, state oc- For on at beginning of illness. If retired from busi- line that fact may be indicated thus: *Farmer (re-* Con 6 yrs.). For persons who have no occupation *Starver*, write *None*.

**Indictment of cause of death.**—Name, first, the kind CAUSING DEATH (the primary affection with re- ind to time and causation), using always the same ed term for the same disease. Examples: *Cere-* As *mal fever* (the only definite synonym is "Epidemic (b) ospinal meningitis"); *Diphtheria* (avoid use of matp"); *Typhoid fever* (never report "Typhoid menonia"); *Lobar pneumonia*; *Bronchopneumonia* "Deumonia," unqualified, is indefinite); *Tuberculosis labags*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

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one of coroner nichols'  
but he died without  
giving any information.

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.)

