

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

PLACE OF DEATH  
County Cape Girardeau  
Township \_\_\_\_\_ Registration District No. 125 File No. 13667  
or  
Village \_\_\_\_\_ Primary Registration District No. 3009 Registered No. 77  
or Cape Girardeau (NO. 314 St. Ellis St. 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)  
City \_\_\_\_\_  
FULL NAME Christian Heinrich Fredrick Kaenemann

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH April 18, 1911  
(Month) (Day) (Year)

DATE OF BIRTH April 7, 1835  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 24, 1911, to April 18, 1911, that I last saw him alive on April 15, 1911, and that death occurred, on the date stated above, at 8 1/2 m.

AGE 76 yrs. 11 mos. 11 ds. if LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Diabetes - Chronic Bronchitis and Dilatation of Heart  
54  
100B  
95B (Duration) 20 3 yrs. 2 mos. 1 ds.

OCCUPATION (a) Trade, profession, or particular kind of work Cooper  
(b) General nature of industry, business, or establishment in which employed (or employer) Blowing hoops and making bells

Contributory Indigestion Pain and  
(Secondary) paraly (Duration) 2 3 yrs. 3 1/2 mos. 0 ds.

BIRTHPLACE (City or town, State or foreign country) Stienburg on the Rhine Province Hannover Germany

(Signed) John F. Finney Dr M. D.  
April 18, 1911 (Address) Cape Girardeau Mo

PARENTS NAME OF FATHER Not known

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

BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known

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

MAIDEN NAME OF MOTHER Not known

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

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

Where was disease contracted If not at place of death? \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Former or usual residence \_\_\_\_\_

(Informant) J. M. Finney

PLACE OF BURIAL OR REMOVAL Louisa County DATE OF BURIAL 4/20 1911

(ADDRESS) Cape Girardeau Mo

UNDERTAKER W. Brinkhoff ADDRESS \_\_\_\_\_

Filed Apr 20 1911 Chas. J. Lamm REGISTRAR

# 77

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*. (ret., 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 term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic typhoid fever"); *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.)

HUGH STEPHENS, JEFFERSON CITY.



occupation has been  
of illness. If re-

DISEASE CAUSING  
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