

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

PLACE OF DEATH  
County St. Charles  
Township Sardennes Registration District No. 760 File No. 15499  
or Village O'Fallon Primary Registration District No. 8001 Registered No. 10  
or City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Sister M. Juliana Upstmore

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>Nov. 15, 1879</u> (Month) (Day) (Year)		
AGE <u>37</u> yrs. <u>4</u> mos. <u>8</u> ds.		if LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Domestic</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>g-310 -</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Tentopolis, Ill.</u>		
PARENTS	NAME OF FATHER <u>Clement Upstmore</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tentopolis</u>	
	MAIDEN NAME OF MOTHER <u>Bernardine Siedkamp</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tentopolis</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>April 13, 1911</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Apr 13, 1911</u> , to <u>Apr 13, 1911</u> , that I last saw h <u>er</u> alive on <u>Apr. 13, 1911</u> , and that death occurred, on the date stated above, at <u>2 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Organic disease of the heart (Mitral insufficiency) of 9 1/2 yrs.</u> <u>of 10 1/2 yrs. (Duration) of the previous to me</u> Contributory <u>Congestion of lungs</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>L. H. Rosemeyer</u> M. D. <u>April 13, 1911</u> (Address) <u>O'Fallon Mo.</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) S. M. Ferdinanda  
(ADDRESS) Convent, O'Fallon, Mo.  
Filed Apr. 13, 1911 J. M. Perkins M.D. REGISTRAR

\*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) <u>5 weeks at St. Mary's Hosp. St. Louis</u> At place of death <u>6</u> yrs. <u>2</u> mos. <u>5</u> ds. In the State <u>6</u> yrs. <u>2</u> mos. <u>5</u> ds.	Where was disease contracted if not at place of death? <u>Contr. at place of death</u>
Former or usual residence <u>O'Fallon, Mo.</u>	
PLACE OF BURIAL OR REMOVAL <u>Private cemetery O'Fallon</u>	DATE OF BURIAL <u>Apr. 15, 1911</u>
UNDERTAKER <u>Louis Menne</u>	ADDRESS <u>O'Fallon, Mo.</u>

# 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 how many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Compositor*, *Architect*, *Locomotive engineer*, *Shipbuilder*, *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 name of the business or industry, and therefore an additional line is provided for the latter statement; it may be used only when needed. As examples: (a) *Cotton mill*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Automobile factory*. The material on the second line may form part of the second statement. Examples: "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Domestic laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. (a) *At home*, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *School* or *At home*. Care should be taken to record specifically the occupations of persons engaged in industrial service for wages, as *Servant*, *Cook*, *Housewife*, etc. If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer* (retired). For persons who have no occupation record, write *None*.

Statement of cause of death.—Name, first, the CAUSING DEATH (the primary affection with reference to time and causation), using always the same term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of "Typhoid"); *Typhoid fever* (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia*, "unqualified, is indefinite); *Tuberculosis*, *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 diseases resulting from childbirth or miscarriage, "PUERPERAL septicaemia," "PUERPERAL peritonitis," State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY a 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.



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