

Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH House
County Lincoln
Township Lincoln
or
Village _____
or
City _____ (No. _____ St. _____ Ward _____)

240
95-6
1085-1
2075-1
Registration District No. 1075
Primary Registration District No. 5381
File No. 24182
Registered No. 1

FULL NAME Mr. Johannes Meyer

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

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED W
(# write the word)

DATE OF BIRTH April 29 1835
(Month) (Day) (Year)

AGE 77 yrs. 1 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 1-82

BIRTHPLACE (City or town, State or foreign country) Grossbartloff Prusen. Germany

PARENTS NAME OF FATHER Carl Meyer

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

MAIDEN NAME OF MOTHER Katherine

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dorothea Meyer

(ADDRESS) Arden, Mo

Filed July 21 1911 J. E. Hale REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 13 1911 to June 16 1911, that I last saw him alive on June 16 1911, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: Nephritis

(Duration) about 3 mos. ds.

Contributory (SECONDARY) 1-82

(Signed) V. M. Norman M. D.
June 19 1911 (Address) Arden 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 Arden State Va DATE OF BURIAL June 19 1911

UNDERTAKER Maphors 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) *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 action 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, peritonaeum*, etc., *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 septihaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLET 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.)



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

PLACE OF DEATH

County ✓ Douglas

Township W. 1st

Village _____

City _____ (NO. _____)

Registration District No. 272

File No. 24182A

Primary Registration District No. 5351

Registered No. _____

St.: _____ Ward _____

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

FULL NAME ✓ Mr Johannes Meyer.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX ✓ MALE FEMALE
COLOR OR RACE ✓ WHITE COLORED
SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word)

DATE OF DEATH ✓ June 17, 1911
(Month) (Day) (Year)

DATE OF BIRTH ✓ 29 April 1835
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 13, 1911, to June 16, 1911, that I last saw him alive on June 16, 1911, and that death occurred, on the date stated above, at 50 m.
The CAUSE OF DEATH* was as follows:
Nephritis
1.37 A (Duration) about 3 yrs. 3 mos. _____ ds.

AGE ✓ 74 yrs. 1 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) ✓ Grossbartloff Prussia Germany

PARENTS
NAME OF FATHER ✓ Carl Meyer
BIRTHPLACE OF FATHER (City or town, State or foreign country) ✓ Grossbartloff
MAIDEN NAME OF MOTHER ✓ Katherine
BIRTHPLACE OF MOTHER (City or town, State or foreign country) ✓ Grossbartloff

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R M Norman M. D.
June 29, 1911 (Address) Ada Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ✓ Dorothea Meyer
(ADDRESS) ✓ Arden 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 _____

Filed June 30 1911 M H Osborn REGISTRAR

PLACE OF BURIAL OR REMOVAL Arden Mo
DATE OF BURIAL June 18, 1911
UNDERTAKER Neighbors
ADDRESS _____

- year 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]

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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.)

HUGH STEPHENS, JEFFERSON CITY.

