

PLACE OF DEATH

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

County Kodawong
 Township Hughes Registration District No. 622 File No. 29620
 or
 Village _____ Primary Registration District No. 5524 Registered No. 8
 or
 City _____ (NO. _____) St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Pearl Wachtel

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH February 27, 1898
(Month) (Day) (Year)

AGE 13 yrs. 5 mos. 10 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Hughes Pa

PARENTS NAME OF FATHER Robert Wachtel BIRTHPLACE OF FATHER Hughes Pa
 MAIDEN NAME OF MOTHER Mamie Barnett BIRTHPLACE OF MOTHER Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. L. Morgan

(ADDRESS) Graham, Mo

Filed Aug 7, 1911. W. M. Rhodes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 7, 1911, to Aug. 7, 1911, that I last saw him alive, and that death occurred, on the date stated above, at _____.

The CAUSE OF DEATH* was as follows: Accidental - thrown from a horse
196 212 F
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) E. L. Morgan M. D. Aug 7, 1911 (Address) Graham, 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 Graham Cemetery DATE OF BURIAL Aug 9, 1911

UNDERTAKER E. W. Huter ADDRESS Waverly, Mo

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*, *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 affection 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, 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.)



County Madaway
Township Hughes
or
Village
or
CityRegistration District No. 622
Primary Registration District No. 5824File No. _____
Registered No. 8[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Pearl Wachtel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)DATE OF BIRTH Feb. 22, 1898
(Month) (Day) (Year)AGE 13 yrs. 5 mos. 15 ds. IF LESS than 1 day, hrs. or min.OCCUPATION
(a) Trade, profession, or
particular kind of workAt home(b) General nature of industry,
business, or establishment in
which employed (or employer)

BIRTHPLACE

(City or town,
State or foreign country)Hughes IaNAME OF
FATHERRobert WachtelBIRTHPLACE
OF FATHER
(City or town, State or foreign country)Hughes IaMAIDEN NAME
OF MOTHERStamie BarrettBIRTHPLACE
OF MOTHER
(City or town, State or foreign country)Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. T. Morgan(ADDRESS) Graham MoFiled Oct 7 1911 W. M. Thomas, M.D.
REGISTRAROriginal file, date Aug 7, 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Aug 7, 1911, to Aug 7, 1911,
that I last saw alive on _____, 1911.and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

accidental - thrown
from a horse

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. T. Morgan, M.D.
Aug 7, 1911 (Address) Graham 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

DATE OF BURIAL

Graham Cem Aug 9, 1911

UNDERTAKER

ADDRESS

C. D. Nute Maitland Mo

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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