

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

PLACE OF DEATH

Colo

County

Township

or

Village

or

City

of Jefferson Mo. (NO. 210 E. 2. Dunker St. 5th Ward)

Registration District No. *213*

File No. *30999*

Primary Registration District No. *3014*

Registered No. *189*

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

FULL NAME

Marick Heinrich Binder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

white

SINGLE
MARRIED
WIDOWED
OR DIVORCED.
(Write the word)

Married

DATE OF DEATH

Sept. 27, 1911
(Month) (Day) (Year)

DATE OF BIRTH

October, 14th, 1845
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Sept. 25, 1911*, to *Sept 27, 1911*, that I last saw him alive on *Sept 27, 1911*, and that death occurred, on the date stated above, at *8³⁰ p.m.*

AGE

65 yrs. 11 mos. 12 ds.

If LESS than
1 day, ___ hrs.
or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION

(a) Trade, profession, or particular kind of work *retired cooper*

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

Carcinoma of Colon
46 mos.
(Duration) *2* yrs. *4* mos. *4* ds.

BIRTHPLACE

(City or town, State or foreign country) *Hannover, Germany*

Contributory

(SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER

Heinrich Binder

(Signed)

M. R. Caldwell M. D.
Sept 28 1911 (Address) *Jeff City*

BIRTHPLACE OF FATHER

(City or town, State or foreign country) *foreign country*

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

MAIDEN NAME OF MOTHER

Johanna Meier

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

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) *foreign country*

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Marick Binder

Where was disease contracted if not at place of death?

Former or usual residence

(ADDRESS)

Jefferson City, Mo.

PLACE OF BURIAL OR REMOVAL

Resurrection Cemetery

DATE OF BURIAL

9/30 1911

UNDERTAKER

Walter H. Moore

ADDRESS

J. C. Moore

Filed

Sept. 29 1911

John A. Stumm
REGISTRAR

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.

United States Standard Certificate of Death

Revised

(Approved by U. S. Census and American Public Health Association)

[Approved]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The questions apply to each and every person, irrespective of occupation or many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *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 kind of business or industry, and therefore an additional line is provided for the latter statement; it to be used only when needed. As examples: (a) the last line (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; As example (b) *Automobile factory*. The material on may form part of the second statement. Material return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as "Dealeborer, Farm laborer, Laborer—Coal mine, etc. laborer;" at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *House-keeper* *At home*, and children, not gainfully employed, *Child* *At home*. Care should be taken to record specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House-keeper*, 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 6 yrs.)*. For persons who have no occupation at death, 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 meningitis"); *Lobar pneumonia*; *Bronchopneumonia*, "unqualified, is indefinite); *Tuberculosis meningitis*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, 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.)

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