

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 Chariton
Township Bee Branch or Village _____ or City _____ (NO. _____ St.: _____ Ward) (If death occurred in hospital or institution give its NAME instead of street and number)

Registration District No. 178 File No. 6 34001
Primary Registration District No. 5246 Registered No. 6

FULL NAME Bernard Stallmann

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec 18, 1885
(Month) (Day) (Year)

AGE 75 yrs. 10 mos. 2 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) same

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 9, 1911, to Oct. 20, 1911
that I last saw him alive on Oct 20, 1911
and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:
Endocarditis

(Duration) ___ yrs. ___ mos. ___ ds.
Contributory La Grippe + Pneumonia
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) M. J. Pillemer M. D.
Oct 20, 1911 (Address) Byrumville Mo.

BIRTHPLACE (City or town, State or foreign country) Harndorf, Germany

PARENTS
NAME OF FATHER Bernard Stallmann
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Anna Stallmann
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Stallmann
(ADDRESS) Byrumville Mo.
Filed Oct 20, 1911 M. J. Pillemer REGISTRAR

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 none

PLACE OF BURIAL OR REMOVAL none REMOVAL to
UNDERTAKER _____ 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*, *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 *laborer, Farm laborer, Laborer—Coal mine*, etc. Men 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, peritonaeum*, 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," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Sail drowning; "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Oldly suicide. The "Uraemia," "Weakness," etc., when, and consequences can be ascertained as the cause, under the head of diseases resulting from childbed conditions on statement of "PUERPERAL septichaemia," "Committee on Nomenclature State cause for which sur-

taken. FOR VIOLENT DEATH to above list of undesirable terms and qualify as ACCIDENTAL, will be returned for additional information probably such, if indicating diseases, without explanation, as the sole Examples: *Accidental* (meningitis, childbirth, convulsions, hæmorrhage, *train—accident*; *Revolution* (meningitis, miscarriage, necrosis, peritonitis, *Poisoned by carbolic acid* (tetanus." But general adoption of the nature of the injury, as *Consequences* (e. g., *sepsis, tetanus*, etc.) under the head of "Contributory." Statement of cause of death Nomenclature of the

PLACE OF DEATH

County Chariton REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Townshp Bee Branch Registration District No. 178
 or
 Village _____ Primary Registration District No. 5246
 or
 City _____ (NO. _____) St.: _____ Ward _____

File No. _____
 Registered No. 6

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

FULL NAME Bernard Stallman

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH Dec 18, 1835 (Month) (Day) (Year)
 AGE 75 yrs. 10 mos. 2 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 county) Warnder, German
 NAME OF FATHER Bernard Stallman
 BIRTHPLACE OF FATHER (City or town, State or foreign county) Germany
 MAIDEN NAME OF MOTHER Carrie Stallman
 BIRTHPLACE OF MOTHER (City or town, State or foreign county) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Bernard Stallman
 (ADDRESS) Byrumville Mo

Filed Oct 23 1911 W. J. Billeter REGISTRAR

Original file, date Oct 23 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20, 1911 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Mar 9, 1911, to Oct 20, 1911, that I last saw him alive on Oct 20, 1911 and that death occurred, on the date stated above, at 1:30 a.m.
 The CAUSE OF DEATH* was as follows:
Endocarditis

Contributory La Grippe & Pneumonia (Duration) yrs. 7 mos. ds.
 (Signed) W. J. Billeter M. D. (Address) Byrumville 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 none

PLACE OF BURIAL OR REMOVAL None DATE OF BURIAL Oct 22 1911
 UNDERTAKER Ed. Tunkel ADDRESS None

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.

DECEASED

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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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.)

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