

PLACE OF DEATH

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

County Pike
Township Arkeley
or
Village _____
or
City _____ (NO. _____)

Registration District No. 643
Primary Registration District No. 4407

File No. 35546
Registered No. _____

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

FULL NAME Bernard Henry Robe

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct 3, 1911
(Month) (Day) (Year)

AGE 25 yrs. 5 mos. 25 ds. IF LESS than 1 day 1 hrs. or 1 min.?

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

BIRTHPLACE (City or town, State or foreign country) Arkeley Township Bowling Green Mo.

PARENTS
NAME OF FATHER Wm Robe
BIRTHPLACE OF FATHER (City or town, State or foreign country) Pike Co
MAIDEN NAME OF MOTHER Elizabeth Fricker
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pike Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MD Bigg

(ADDRESS) Bowling Green Mo

Filed Oct 30 1914 J. E. Rees REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on Oct. 6/11, 191____, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:
unknown. physician did not see the child - died in very few minutes
11:15 (Duration) few minutes

Contributory Don't know. perhaps some blood trouble
(SECONDARY) (Duration) yrs. mos. ds.
(Signed) MD Bigg M. D.
(Address) Bowling Green 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 St Clements DATE OF BURIAL Oct 30 1914

UNDERTAKER _____ ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be stated EXACTLY. PHYSICIANS should state.

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MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County Pike
Township Ashley
or
Village _____
or
City _____ (NO. _____)

Registration District No. 683 File No. _____
Primary Registration District No. 5-911 Registered No. _____
St. _____ Ward _____

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

FULL NAME Bernard Henry Roche

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

DATE OF BIRTH Oct 3 1911
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 25 ds.
If LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Ashley, Mo.

NAME OF FATHER Mr. Roche

BIRTHPLACE OF FATHER (City or town, State or foreign country) Pike Co.

MAIDEN NAME OF MOTHER Elizabeth Fickler

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pike Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. O. Biggs
(ADDRESS) Bowling Green

Filed Oct 30 1911 J. E. Rees REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw him alive on Oct 6 1911,
and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
rickshaw physician did not see the child - died in very few minutes
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Don't know perhaps some bowel trouble
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) M. O. Biggs M. D.
Oct 30 1911 (Address) Bowling Green

*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 St. Clements DATE OF BURIAL Oct 30 1911

UNDERTAKER J. Did. not have any ADDRESS _____

Original file, date Oct 30 1911 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]

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 *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.)

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