

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

PLACE OF DEATH

County Boone

Township _____

or Village Huntsdale

or City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 77

File No. 37011

Primary Registration District No. 404B

Registered No. 2-77

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

FULL NAME

Louise Roef

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Nov-15th, 1911
(Month) (Day) (Year)

DATE OF BIRTH 8 25 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 29, 1911, to Nov-13, 1911, that I last saw her alive on _____, 1911, and that death occurred, on the date stated above, at 7:30 a.m.

AGE 2 yrs. 2 mos. 20 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 Baby
(b) General nature of industry, business, or establishment in which employed (or employer) 16

Infantile Paralysis
13-16
(Duration) _____ yrs. _____ mos. 21 ds.

BIRTHPLACE (City or town, State or foreign country) Huntsdale

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

NAME OF FATHER Fred Roef

(Signed) J. B. Williamson M. D. Nov. 18, 1911 (Address) Mc Barr Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Graycow Mo.

*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 Anna Granaman

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Morrison Mo.

Where was disease contracted if not at place of death?
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Roef

PLACE OF BURIAL OR REMOVAL Mt. Nebo Cemetery DATE OF BURIAL 11-17, 1911

(ADDRESS) Huntsdale Mo.

Filed Nov 18, 1911, J. B. Williamson REGISTRAR

UNDERTAKER W. B. Stern ADDRESS Huntsdale 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 DEATH 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*, *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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PLACE OF DEATH

County Boone
Township Huntsdale
Village Huntsdale
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 78 File No. _____
Primary Registration District No. 51150 Registered No. 17

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

FULL NAME

Louise Rolf

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Nov 15, 1911
(Month) (Day) (Year)

DATE OF BIRTH 8 25, 1909
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 29, 1911, to Nov 13, 1911, that I last saw her alive on Nov 13, 1911,

AGE 2 yrs. 2 mos. 20 ds. If LESS than 1 day, ____ hrs. or ____ min.?

and that death occurred, on the date stated above, at 7:30 a.m.

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

The CAUSE OF DEATH* was as follows:

Infantile Paralysis

BIRTHPLACE (City or town, State or foreign country) Huntsdale

(Duration) ____ yrs. ____ mos. 21 ds.

NAME OF FATHER Fred Rolf

Contributory _____ (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

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

(Signed) J. B. Williamson M. D. Nov 16, 1911 (Address) McBain Mo

MAIDEN NAME OF MOTHER Anna Granaman

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

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

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____

(Informant) Fred Rolf
(ADDRESS) Huntsdale Mo

Former or usual residence _____

Filed 11/17 1911 W. H. Fungel REGISTRAR

PLACE OF BURIAL OR REMOVAL McBain Mo DATE OF BURIAL 11-17, 1911
UNDERTAKER W. H. Fungel ADDRESS Huntsdale 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]

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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," "Uraemia," "Weakness," etc., can be ascertained as the cause of death. State cause for which surgical operations were taken. For VIOLENT DEATHS state the cause, if possible, as ACCIDENTAL, SUICIDE, or probably such, if impossible. Examples: *Accidental drowning*, *Revolver wound*, *Poisoned by carbolic acid*—probably such, if impossible. State the nature of the injury, as fracture, laceration, etc. (e. g., *sepsis*, *tetanus*). Head of "Contributory." (Record the contributory cause of death appropriate to the Nomenclature of the American Medical Association.)

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis; Puerperal septicaemia; Marasmus; Uraemia; Weakness; etc.