

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

PLACE OF DEATH
County Bates
Township Prairie
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 58 File No. 40475
Primary Registration District No. 5093 Registered No. 16

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

FULL NAME Herbert Stine

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec. 3rd, 1911
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 6 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) 0

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

PARENTS
NAME OF FATHER Grant Stine
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill.
MAIDEN NAME OF MOTHER Leona F. King
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wet.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grant Stine
(ADDRESS) Rich Hill Mo. R.R. No. 5

Filed Dec. 12, 1911 W. Gumpston REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/8, 1911, to 12/9, 1911, that I last saw him alive on 12/8, 1911, and that death occurred, on the date stated above, at 6 A.M.
The CAUSE OF DEATH* was as follows:

Constipation of Bowels
86/104
(Duration) _____ yrs. _____ mos. 2 ds.
Contributory (secondary)

(Signed) W. R. Shaffer M. D.
Dec. 9, 1911 (Address) Rich Hill 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 Rich Hill Mo. DATE OF BURIAL Dec. 10, 1911
UNDERTAKER E. Thurlbarger ADDRESS Rich Hill 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.

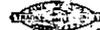
Revised United States Standard Certificate of Death

[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*, *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.)



PLACE OF DEATH

County T. Bates
Township Prairie
or
Village
or
City _____ (NO. _____ St.: _____ Ward)

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

Registration District No. 58
Primary Registration District No. 3093

File No. 40475
Registered No. 16

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

FULL NAME Herbert Steine

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE S
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH 12/3, 1911
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 6 ds.
IF LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION
(a) Trade, profession, or
particular kind of work None
(b) General nature of industry,
business, or establishment in
which employed (or employer)

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

PARENTS
NAME OF FATHER Grant Steine
BIRTHPLACE OF FATHER Ill.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Edna J. King
BIRTHPLACE OF MOTHER Nebr.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grant Steine
(ADDRESS) Rich Hill, R.D.#5

Filed Feb 29 1912 W. H. Humphreys
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/9, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
12/8, 1911, to 12/9, 1911,
that I last saw him on 12/8, 1911,
and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:
Convulsions
Probably due to intestinal
indigestion
(Duration) _____ yrs. _____ mos. 2 ds.

Contributory _____
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. P. [Signature] M. D.
2/21, 1912 (Address) Rich Hill

*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 Prairie City DATE OF BURIAL 12/10, 1911
UNDERTAKER E. W. Hulbarger ADDRESS Rich Hill

Original file, date DEC 1911

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," "Anacmia" (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.)