

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 Jasper
 Township _____ Registration District No. 411 File No. 1520
 or _____
 Village _____ Primary Registration District No. 2002 Registered No. 520
 or _____
 City Joplin Mo. (NO. 820) 2nd Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Otto W. Faulstich

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>Dec 30, 1911</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Sept. 1, 1888</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Dec 28, 1911</u> , to <u>Dec 30, 1911</u> , that I last saw him alive on <u>Dec 30, 1911</u> , and that death occurred, on the date stated above, at <u>10:30</u> am.	
AGE <u>23</u> yrs. <u>3</u> mos. <u>29</u> ds.		The CAUSE OF DEATH* was as follows: <u>Neuro-rhaggy of the brain</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Pipe man</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Natural Gas Co.</u>		824 V 10410	
BIRTHPLACE (City or town, State or foreign country) <u>Ladburne Co., Mo.</u>		10410 3 Days (Duration) yrs. mos. ds.	
PARENTS	NAME OF FATHER <u>E. H. Faulstich</u>	Contributory <u>Exposure</u> (SECONDARY) (Duration) yrs. mos. ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St. Louis, Mo.</u>	(Signed) <u>O. C. Cully</u> M. D. <u>12-30, 1911</u> (Address) <u>Joplin Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Caroline Kraft</u>	*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) <u>New Windsor, Ill.</u>	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, (Informant) <u>E. H. Faulstich</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
(ADDRESS) <u>Joplin, Mo.</u>		PLACE OF BURIAL OR REMOVAL <u>Pierce City, Mo.</u> DATE OF BURIAL <u>Jan. 1, 1912</u>	
Filed <u>1-1</u> 191 <u>2</u> <u>A. M. Greig</u> REGISTRAR	UNDERTAKER <u>Frank Siewers Undertaking Co.</u> ADDRESS <u>Joplin, Mo.</u>		

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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County Gasper

Township _____

Village _____

City Joplin

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

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

Registration District No. 411

File No. 1520

Primary Registration District No. 2002

Registered No. 520

(No. 820 Penn. St. 2 Ward)

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

FULL NAME Otto W. Faulstich

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept. 1, 1888
(Month) (Day) (Year)

AGE 23 yrs. 3 mos. 29 ds.
IF LESS than 1 day, hrs. or mins.

OCCUPATION

(a) Trade, profession, or particular kind of work Pipe man

(b) General nature of industry, business, or establishment in which employed (or employer) Natural Gas Co.

BIRTHPLACE

(City or town, State or foreign country) Lawrence, Mo.

PARENTS

NAME OF FATHER E. H. Faulstich

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

MAIDEN NAME OF MOTHER Madeline Kraft

BIRTHPLACE OF MOTHER (City or town, State or foreign country) West Menden, Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. H. Faulstich

(ADDRESS) Joplin, Mo.

Filed 1-1-12

REGISTRAR A. W. Frank Pres.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 28, 1911, to Dec. 30, 1911, that I last saw him alive on Dec. 30, 1911, and that death occurred, on the date stated above, at 10.30 a.m.

The CAUSE OF DEATH* was as follows:
3 days exposure

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

(Signed) W. G. Craig M. D.
12-30-1911 (Address) Joplin, 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 Pierce City, Mo.

DATE OF BURIAL Jan. 1, 1912

UNDERTAKER W. Frank Pres.

ADDRESS Joplin, Mo.

Original file date _____, 19____

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]

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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," "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 septichaemia," "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.)