

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

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.

PLACE OF DEATH

County Cape Girardeau
Township Apple Creek
or
Village _____
or
City _____ (NO _____ St. _____ Ward _____)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 128 File No. 4441
Primary Registration District No. 51768B Registered No. 6FULL NAME Andrew Wislein

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

| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | |
|---|---|---|---|--|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (If write the word) | DATE OF DEATH <u>Feb 22</u> , 191 <u>2</u> (Month) (Day) (Year) | |
| DATE OF BIRTH <u>June 19</u> , 18 <u>51</u> (Month) (Day) (Year) | | | I HEREBY CERTIFY, that I attended deceased from <u>Feb 14</u> , 191 <u>2</u> , to <u>Feb 22</u> , 191 <u>2</u> , that I last saw him alive on <u>Feb 19</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at _____ m. | |
| AGE <u>60</u> yrs <u>8</u> mos <u>4</u> ds. | | If LESS than 1 day, _____ hrs. or _____ min.? | The CAUSE OF DEATH* was as follows: <u>Lungrippe</u> <u>11A</u> <u>107A</u> <u>10</u> (Duration) _____ yrs. _____ mos. <u>14</u> ds. | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>107A</u> | | | Contributory <u>Branch of medicine</u> (Duration) _____ yrs. _____ mos. <u>8</u> ds. | |
| BIRTHPLACE (City or town, State or foreign country) <u>Apple Creek</u> | | | (Signed) <u>H B Futrell</u> M. D. <u>Feb 23</u> , 191 <u>2</u> (Address) <u>Cook Ridge MO</u> | |
| PARENTS | NAME OF FATHER <u>John Wislein</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 FATHER (City or town, State or foreign country) <u>Germany</u> | | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. | |
| | MAIDEN NAME OF MOTHER <u>Hanner Kleinmann</u> | | Where was disease contracted if not at place of death? _____ | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u> | | Former or usual residence _____ | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | | |
| (Informant) <u>Charles Wislein</u> | | | PLACE OF BURIAL OR REMOVAL <u>Arnsberg MO</u> | |
| (ADDRESS) <u>Arnsberg MO</u> | | | DATE OF BURIAL <u>Feb 24</u> , 191 <u>2</u> | |
| Filed <u>Feb 23</u> , 191 <u>2</u> <u>H B Futrell</u> | | | UNDERTAKER <u>F J Jaeger</u> | |
| REGISTRAR | | | ADDRESS <u>Arnsberg 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.)



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

PLACE OF DEATH Cape Girardeau
County Apple Creek
Township _____ or Village _____ or City _____
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Registration District No. 128 File No. 4441
Primary Registration District No. 5176B Registered No. 6
City _____ (NO. _____) St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Andrew Nislein

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)
DATE OF BIRTH June 19, 1851
(Month) (Day) (Year)
AGE 66 yrs. 8 mos. 4 ds. IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work Jarmer
(b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Feb 14, 1912, to Feb 22, 1912, that I last saw him alive on Feb 19, 1912, and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:

La grippe.

BIRTHPLACE (City or town, State or foreign country) Apple Creek
PARENTS NAME OF FATHER John Nislein BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Hannah Niselman BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

(Duration) _____ yrs. _____ mos. 14 ds.
Contributory (SECONDARY) Bronchitis pneumonia
(Duration) _____ yrs. _____ mos. 18 ds.
(Signed) H. B. Futrell M. D. Feb 23, 1912 (Address) Oak Ridge Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles Nislein
(ADDRESS) Arnsberg 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 at not at place of death?
Former or usual residence _____

Filed April 8, 1912 by H. B. Futrell REGISTRAR

PLACE OF BURIAL OR REMOVAL Arnsberg Mo. DATE OF BURIAL Feb 24, 1912
UNDERTAKER F. J. Tacke ADDRESS Arnsberg Mo.

Original file, date Feb 23, 1912 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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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*, *Sarcoma*, 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.)