

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.

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

PLACE OF DEATH  
County Gasconade ✓  
Township \_\_\_\_\_ Registration District No. 304 File No. 1 4845  
or \_\_\_\_\_  
Village Morrison Primary Registration District No. 4183 Registered No. 3  
or \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME Elizabeth Nolte  
(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>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	DATE OF DEATH <u>Feb 13</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct 1</u> , 18 <u>65</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 4</u> , 191 <u>2</u> , to <u>Feb 13</u> , 191 <u>2</u> , that I last saw h <u>er</u> alive on <u>Feb 13</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>10.9</u> m. The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage</u>	
AGE <u>51</u> yrs. <u>4</u> mos. <u>12</u> ds.			If LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wif</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>of 0</u>			The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>			(Duration) ___ yrs. ___ mos. <u>9</u> ds.	
PARENTS	NAME OF FATHER <u>Ernest Jager</u>		Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>		(Signed) <u>F H Campbell</u> M. D. <u>Feb 13</u> , 191 <u>2</u> (Address) <u>Morrison</u>	
	MAIDEN NAME OF MOTHER <u>Grieco</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>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.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Nolte</u> (ADDRESS) <u>Morrison</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
Filed <u>Feb 4</u> , 191 <u>2</u> <u>F H Campbell</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>C &amp; Pope Cath</u> DATE OF BURIAL <u>Feb 15</u> , 191 <u>2</u>	
			UNDERTAKER <u>C I Pfe</u> ADDRESS <u>Morrison</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*, *Compositor*, *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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Gasconade

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

Township \_\_\_\_\_

Registration District No. 304

File No. \_\_\_\_\_

Village Morrison

Primary Registration District No. 4183

Registered No. 3

City \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME

Elizabeth Nolte

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Feb 13, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Oct 1, 1863  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 4, 1912, to Feb 13, 1912, that I last saw her alive on Feb 13, 1912, and that death occurred, on the date stated above, at 10 A m.

AGE 51 yrs. 4 mos. 12 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 Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

Cerebral Hemorrhage

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

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Geiger

Contributory Not Known  
(SECONDARY)

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

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

MAIDEN NAME OF MOTHER Grims

(Signed) F. H. Connelly M. D.  
Feb 27, 1912 (Address) Morrison

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) John Nolte

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(ADDRESS) Morrison Mo

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence. \_\_\_\_\_

Filed Feb 14 1912 F. H. Connelly REGISTRAR

PLACE OF BURIAL OR REMOVAL Catholic Cem DATE OF BURIAL Feb 15, 1912

UNDERTAKER C. J. Pope ADDRESS Morrison

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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*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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