

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 Harrison
Township _____ or Village _____ or City Bethany (NO. _____ St. _____ Ward _____)

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 384 File No. 8 4969
Primary Registration District No. 4197 Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Jan 14 1911</u> (Month) (Day) (Year)		
AGE <u>1 yrs. - 22 ds.</u> IF LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u> <input type="radio"/>		
BIRTHPLACE (City or town, State or foreign country) <u>Bethany Mo.</u>		
PARENTS	NAME OF FATHER <u>John E. Berger</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Harrison Co Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Bertha A. Ruple</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Harrison Co. Mo.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>John E. Berger</u>		
(ADDRESS) <u>Bethany Mo</u>		
Filed <u>Feb 6 1912</u>	<u>Jackson Walker</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 25 1912, to Feb 5 1912, that I last saw him alive on Feb 5th 1912, and that death occurred, on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:
1679 Bronchitis - Pneumonia
91
(Duration) _____ yrs. _____ mos. 10 ds.

Contributory (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) O. J. Behrman M. D.
Feb 6 1912 (Address) Bethany 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 RESIDENCE)
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 Manassas Central DATE OF BURIAL Feb 6 1912
UNDERTAKER Dr. Prentiss ADDRESS Bethany Mo

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.

For "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. Some, who are engaged in the duties of the only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Household*, and children, not gainfully employed, or *At home*. Care should be taken to recite the occupations of persons engaged in agriculture for wages, as *Servant*, *Cook*, *House-*

For persons who have no occupation the occupation has been changed, or given the name of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, occupation may be indicated thus: *Farmer (retired)*. For persons who have no occupation the occupation has been changed, or given the name of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, occupation may be indicated thus: *Farmer (retired)*. For persons who have no occupation the occupation has been changed, or given the name of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, occupation may be indicated thus: *Farmer (retired)*.

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*, *peritonaeum*, 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.)

HUGH STEPHENS, JEFFERSON CITY.

