

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 Vermont
Township _____
or
Village _____
or
City Nevada (NO. _____ St. _____ Ward _____)

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

Registration District No. 875 File No. 7932
Primary Registration District No. 3039 Registered No. 24

FULL NAME Everett H. Christman

(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>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word)	DATE OF DEATH <u>Feb 1</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Feb 28</u> , 18 <u>86</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 27</u> , 191 <u>2</u> , to <u>Feb 1</u> , 191 <u>2</u> , (that I last saw him alive on <u>Feb 1</u> , 191 <u>2</u> ,	
AGE <u>26</u> yrs. _____ mos. _____ ds.			and that death occurred, on the date stated above, at <u>2 1/2</u> p. m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>candy maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>5³⁰</u>			The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Nevada Mo</u>			91 (Duration) _____ yrs. _____ mos. <u>5</u> ds.	
PARENTS	NAME OF FATHER <u>Henry Christman</u>		Contributory <u>none</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bavaria Germany</u>		(Signed) <u>Joseph M. Galbreath</u> M. D. <u>Feb 3</u> , 191 <u>2</u> (Address) <u>Wounded War</u>	
	MAIDEN NAME OF MOTHER <u>Elizabeth Corris</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 <u>not obtainable</u> (City or town, State or foreign country)		LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>26</u> yrs. _____ mos. _____ ds. In the State <u>26</u> yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Guss Christman</u> (ADDRESS) <u>Nevada Mo</u>			Where was disease contracted if not at place of death? <u>Nevada</u> Former or usual residence <u>Nevada Mo</u>	
Filed <u>Feb 3</u> , 191 <u>2</u> <u>J. B. Mason</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Dequered Cem</u> DATE OF BURIAL <u>Feb 4</u> , 191 <u>2</u>	
			UNDERTAKER <u>H. J. Harriott</u> ADDRESS <u>Nevada</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.)



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PLACE OF DEATH

County Verona
 Township _____
 or
 Village _____
 or
 City Nevada (NO. _____ St.; _____ Ward)

REGISTRARS SHALL NOT RE-
 CEIVE 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. 875 File No. 7932
 Primary Registration District No. 3039 Registered No. 24

FULL NAME Ernest H. Christmann

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>S</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Feb 22</u> , 18 <u>96</u> <small>(Month) (Day) (Year)</small>		
AGE <u>26</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Candy maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Nevada</u>		
PARENTS	NAME OF FATHER <u>Henry Christmann</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Geniana</u>	
	MAIDEN NAME OF MOTHER <u>Elizabeth Norris</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>mn</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 1, 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 27, 1922, to Feb 1, 1922, that I last saw he alive on Feb 1, 1922, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Pneumonia & Bronchial

(Duration) _____ yrs. _____ mos. 5 ds.

Contributory _____
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Paul M. Gales M. D.
Feb 2, 1922 (Address) Nevada 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Guss Christmann
 (ADDRESS) Nevada

Filed Feb 3, 1922 [Signature]
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Deerwood Cem DATE OF BURIAL Feb 4, 1922

UNDERTAKER W. C. Hanscot ADDRESS Nevada

FEB

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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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.)