

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 Cape Girardeau  
Township Hubble  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 130 File No. 8488  
Primary Registration District No. 4073 Registered No. 5

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

FULL NAME Dora Elizabeth Wedekind

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (If write the word)	DATE OF DEATH <u>mech 5, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>December 14, 1837</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 31, 1912</u> , to <u>mech 5, 1912</u> , that I last saw h <u>er</u> alive on <u>mech 3, 1912</u> , and that death occurred, on the date stated above, at <u>5 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Parenchymatous</u> <u>nephritis</u>		
AGE <u>74</u> yrs. <u>2</u> mos. <u>21</u> ds.	IF LESS than 1 day, _____ hrs. or _____ min.?		(Duration) <u>1</u> yrs. <u>6</u> mos. <u>20</u> ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u>			Contributory (SECONDARY) <u>W.P.</u> (Duration) _____ yrs. _____ mos. _____ ds.		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>g-36</u>			(Signed) <u>C.R. Schum</u> M. D. <u>3-6, 1912</u> (Address) <u>Gordonville Mo.</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PARENTS	NAME OF FATHER <u>Rabich</u>	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.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>		Where was disease contracted If not at place of death? _____		
	MAIDEN NAME OF MOTHER <u>Do not know</u>		Former or usual residence _____		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>		PLACE OF BURIAL OR REMOVAL <u>Whitewater Cemetry</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. Wedekind</u> (ADDRESS) <u>Whitewater, Mo.</u>			DATE OF BURIAL <u>3/7/12</u> 191 <u>2</u>		
Filed <u>March 5, 1912</u>			ADDRESS <u>Whitewater, Mo.</u>		
REGISTRAR <u>J.M. Slagle</u>			UNDERTAKER <u>J.M. Slagle</u>		

State of Missouri - Jefferson City - 1917

# 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, 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.)



MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

PLACE OF DEATH Cape Girardeau  
County Hubble Registration District No. 130 File No. \_\_\_\_\_  
Township \_\_\_\_\_ or \_\_\_\_\_  
Village \_\_\_\_\_ or \_\_\_\_\_ Primary Registration District No. 4073 Registered No. 5  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Dora Elizabeth Wdekind

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED S  
(Write the word)

DATE OF DEATH Mar 5, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Dec 14, 1937  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 31, 1912, to Mar 5, 1912,  
that I last saw her alive on Mar 3, 1912,  
and that death occurred, on the date stated above, at 5-P m.

AGE 74 yrs. 2 mos. 21 ds.  
If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH\* was as follows:  
Chronic Parenchymatous nephritis  
(Duration) 1 yrs. 6 mos. 20 ds.

OCCUPATION  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds.  
(Signed) E. R. Dehoan M. D.  
3/6, 1912 (Address) Gardnville Mo

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

PARENTS  
NAME OF FATHER Rabich  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
MAIDEN NAME OF MOTHER Wm  
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.  
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) C. H. Wdekind  
(ADDRESS) Whitewater Mo

PLACE OF BURIAL OR REMOVAL Whitewater Cem DATE OF BURIAL 3/7, 1912  
UNDERTAKER M. Slagle ADDRESS Whitewater Mo

Filed Mar 7, 1912 A. M. Murphy REGISTRAR

Original file, date MAR, 1912 All information called for must be written on this Supplementary Certificate.

S. No. 2.

# 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.)

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