

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

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

PLACE OF DEATH
County Phelps
Township St. James or Village _____ or City City St. James
Registration District No. 678 File No. 10477
Primary Registration District No. 4404 Registered No. 17
City _____ St.; _____ Ward _____
FULL NAME Ms. Mary Paschman

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| SEX <u>Female</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word) |
| DATE OF BIRTH <u>12</u> (Month) <u>28</u> (Day) <u>1842</u> (Year) | AGE <u>69</u> yrs. <u>2</u> mos. <u>8</u> ds. If LESS than 1 day, ___ hrs. or ___ min.? | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>housemaid</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>good</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Germany</u> | | |
| PARENTS | NAME OF FATHER <u>Jake Schuber</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u> | |
| | MAIDEN NAME OF MOTHER <u>Lena Groppe</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u> | |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elara Paschman daughter
(ADDRESS) St. James MoFiled Mar 4 1912REGISTRAR B. Mallock

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 3, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 25, 1912, to March 3, 1912, that I last saw her alive on March 3, 1912, and that death occurred, on the date stated above, at 8 a. m.
The CAUSE OF DEATH* was as follows:108
Pneumonia
99
(Duration) ___ yrs. ___ mos. ___ ds.Contributory (SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.Signed) C. L. Lulberty M. D.
March 3, 1912 (Address) St. James 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 _____

PLACE OF BURIAL OR REMOVAL Masonic Cemetery DATE OF BURIAL Mar 5, 1912UNDERTAKER Paul Binsinger ADDRESS St. James

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.)



PHYSICIANS should state applied, cause should be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Cherpo
Township _____
or
Village _____
or
City St James (NO. _____ St.: _____ Ward _____)

REGISTRARS SHALL NOT RECEIVE 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. 678 File No. _____
Primary Registration District No. 4404 Registered No. 14

FULL NAME Mrs Mary Puschman

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

DATE OF DEATH Mar 3, 1912
(Month) (Day) (Year)

DATE OF BIRTH Dec 25, 1842
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 25, 1912, to Mar 3, 1912, that I last saw her alive on Mar 3, 1912, and that death occurred, on the date stated above, at 80 in.

AGE 69 yrs. 2 mos. 8 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 Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer) Good EMILY

Pneumonia
Bar
(Duration) ___ yrs. ___ mos. 12 ds.

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

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

PARENTS NAME OF FATHER Jake DeRobt
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Liza Puschy
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

(Signed) V. H. Fuller M. D.
March 3, 1912 (Address) St James Mo

* 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 (Informant) Clara Puschman
(ADDRESS) St James Mo

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

Filed May 14, 1912 A. H. Matlock REGISTRAR

PLACE OF BURIAL OR REMOVAL Masonic Cem DATE OF BURIAL Mar 5, 1912

UNDERTAKER Pat Bowman ADDRESS St James

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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