

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Caldwell.Township
or Rockford.

Village

or

City (NO. _____ St.: _____ Ward _____)

Registration District No. 99.File No. 12652Primary Registration District No. 2147Registered No. 7

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

FULL NAME Roy Zeikle.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) SingleDATE OF BIRTH April. 22. 1912.
(Month) (Day) (Year)AGE 00 yrs. 00 mos. 5 ds. IF LESS than 1 day; ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Polo, Mo.PARENTS NAME OF FATHER Henry H Zeikle. BIRTHPLACE OF FATHER (City or town, State or foreign country) Caldwell County, Mo. MAIDEN NAME OF MOTHER Fannie Foster. BIRTHPLACE OF MOTHER (City or town, State or foreign country) Caldwell County Mo.THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John W Zeikle.(ADDRESS) Polo Mo.Filed Apr 24 1912 B. L. Morris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April. 26. 1912.
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from April. 22., 1912, to April. 25., 1912, that I last saw him alive on April. 25., 1912,and that death occurred, on the date stated above, at 6 P.
The CAUSE OF DEATH* was as follows:Premature Birth.

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

(Signed) B. J. Carr. M. D. Apr. 26. 1912 (Address) Polo 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 Prairie Ridge Com. DATE OF BURIAL Apr 28 20 1912UNDERTAKER Alsbaugh & Cowley. ADDRESS Polo, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County _____
 Township _____
 or
 Village _____
 or
 City _____

Registration District No. _____

File No. _____

Primary Registration District No. _____

Registered No. _____

City _____ (NO. _____)

St. _____ Ward _____

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

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX _____
 COLOR OR RACE _____
 SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)
 AGE _____ yrs. _____ mos. _____ ds.
 IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION _____
 (a) Trade, profession, or business, or establishment in which employed (or employer)

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

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

MAIDEN NAME OF MOTHER _____
 BIRTHPLACE OF MOTHER _____
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____

(ADDRESS) _____

Filed _____ 191_____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ (Month) _____ (Day) _____ (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191_____, to _____, 191_____, that I last saw h_____ alive on _____, 191_____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

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

(Signed) _____ 191_____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Cause 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 _____ DATE OF BURIAL _____ 191_____

UNDERTAKER _____ ADDRESS _____

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County CalhounTownship Ruskford

Village _____

City _____ (NO. _____ St.: _____ Ward)

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

Registration District No. 99Primary Registration District No. 5747File No. 12652Registered No. 8

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

FULL NAME Boy Zickle

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED S (Write the word)DATE OF BIRTH Apr. 22, 1912
(Month) (Day) (Year)AGE _____ yrs. _____ mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE
(City or town, State or foreign country) Polo Mo.NAME OF FATHER Hugh ZickleBIRTHPLACE OF FATHER Calhoun Co Mo.MAIDEN NAME OF MOTHER Ragnie FosterBIRTHPLACE OF MOTHER Calhoun Co MoDATE OF DEATH Apr. 26, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Apr. 22, 1912, to Apr 25, 1912, that I last saw him alive on Apr 25, 1912, and that death occurred, on the date stated above, at 6 P. m.The CAUSE OF DEATH* was as follows:
Premature birthContributory
(SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.(Signed) B. F. Carr M. D.
Apr 26, 1912 (Address) Polo 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 Prairie Ridge Cem DATE OF BURIAL Apr. 26, 1912UNDERTAKER Aspaugh + Lowrey ADDRESS Polo Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. H. Zickle
Polo MoFiled Apr 26, 1912 R. P. Mowatt REGISTRAR

REGISTRAR

Original file date APR 1912 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]

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*, *Sarcoma*, 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.)