

RETURN RESERVED FOR BINDING

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 Gasconade
Township Roark or Village _____ or City _____
Registration District No. 303 File No. 13105
Primary Registration District No. 5420 Registered No. 13
County Polk St. _____ Ward _____
FULL NAME August Richter (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Unknown, 1833
(Month) (Day) (Year)

AGE 79 yrs. + mos. + ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) + 0-0

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

NAME OF FATHER Unknown

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

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred. Pletz County Clerk
(ADDRESS) Hermann Mo

Filed Apr. 24, 1912, Ernest L. Haffner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 1, 1912, to April 23, 1912, that I last saw him alive on April 23, 1912, and that death occurred, on the date stated above, at 4:30 P. m. The CAUSE OF DEATH* was as follows:

Uremia
130
132.39 (Duration) ___ yrs. ___ mos. 3 ds.

Contributory Acute Nephritis
(SECONDARY) (Duration) 1 yrs. 2 mos. ___ ds.

(Signed) Ernest L. Haffner M. D.
Apr. 24, 1912 (Address) Hermann 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 3 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 County Farms DATE OF BURIAL Apr 24, 1912
UNDERTAKER Mr. Seaman ADDRESS Hermann 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*, *Composer*, *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) *Foreman*, (b) *Aviation*. The material worked on may be specified in the second statement. Never return "Dealer," etc., w *Day laborer*, *Farm*. Women at home, w household only (not definite salary), may b *At school* or *At home*. report specifically the occupa domestic service for wages, *maid*, etc. If the occupation l up on account of the DISEASE c occupation at beginning of illness. ness, that fact may be indicated *tired, 6 yrs.*). For persons who whatever, write *None*.

Statement of cause of death.—

DISEASE CAUSING DEATH (the primary aspect to time and causation), using accepted term for the same disease. Ex: *cerebrospinal fever* (the only definite synonym cerebrospinal meningitis); *Diphtheria* (av "Croup"); *Typhoid fever* (never report pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*; ("Pneumonia," unqualified, is indefinite); *Tube of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*.

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 septichaemia," "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.



B. Census and American Public Health Association
 of occupation.—Precise statement of occupation
 of Death
 Sales Standard Certificate
 of Death
 B. Census and American Public Health Association