

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Monroe</i>		Registration District No.	<i>543</i>	
Township	<i>Boone</i>		File No.	<i>14209</i>	
or Village	<i>Navasota</i>		Primary Registration District No.	<i>5734</i>	
or City	(NO. _____) _____		Registered No.	<i>2</i>	
FULL NAME <i>Travis Robertson</i>			St. _____	Ward _____	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR-DIVORCED (Write the word)	DATE OF DEATH		
<i>Female</i>	<i>White</i>	<i>Married</i>	<i>April 16</i>	<i>1912</i>	<i>1912</i>
DATE OF BIRTH			(Month) (Day) (Year)		
<i>April 10 1875</i>			<i>April 13th 1912 to April 16th 1912</i>		
AGE			I HEREBY CERTIFY, that I attended deceased from		
<i>37</i> yrs. _____ mos. <i>6</i> ds.			that I last saw her alive on <i>April 16</i> , 1912,		
OCCUPATION			and that death occurred, on the date stated above, at <i>4 a.</i> m.		
(a) Trade, profession, or particular kind of work <i>Housewife</i>			The CAUSE OF DEATH* was as follows:		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			<i>Strangulation of bowels leading up to Heart Failure.</i>		
BIRTHPLACE			<i>122 A</i>		
(City or town, State or foreign country) <i>St. Elizabeth P. O. Miller Co.</i>			<i>12 B</i> (Duration) _____ yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER		Contributory (SECONDARY)		
	<i>Henry Bonhart</i>		Duration _____ yrs. _____ mos. _____ ds.		
	BIRTHPLACE OF FATHER		(Signed) <i>H. B. Rosenberg</i> M. D.		
	(City or town, State or foreign country) <i>Winton P. O. Maries, Mo.</i>		<i>April 10 1912</i> (Address) <i>Navasota, Mo.</i>		
MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
<i>Mortha Jane Brazier</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
BIRTHPLACE OF MOTHER		At place of death _____ yrs. _____ mos. _____ ds. in the State _____ yrs. _____ mos. _____ ds.			
(City or town, State or foreign country) <i>St. Elizabeth P. O. Miller, Mo.</i>		Where was disease contracted if not at place of death? _____			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <i>Napoleon Prater</i>					
(ADDRESS) <i>Navasota, Mo.</i>					
Filed <i>April 23 1912</i> <i>G. W. Curtman, M.D.</i> REGISTRAR					
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
<i>Rendleton Grayson</i>			<i>4/17 1912</i>		
UNDERTAKER			ADDRESS		
<i>296 26 Strop</i>			<i>2 Metz Mo</i>		

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

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) *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.)



WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH

County Marion
Township Rome
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 543 File No. 14209
Primary Registration District No. 5734 Registered No. 2

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

FULL NAME Francis Robertson

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) M.

DATE OF BIRTH Apr 10, 1875
(Month) (Day) (Year)

AGE 37 yrs. 6 mos. 6 ds. IF LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) St Elizabeth Miller Co Mo

NAME OF FATHER Henry Bonhart

BIRTHPLACE OF FATHER (City or town, State or foreign country) Marion Co.

MAIDEN NAME OF MOTHER Margra June Brazier

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Miller Co.

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

(ADDRESS) Van Clee Mo.

June 6, 1912 G. W. Curtman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 13, 1912, to Apr 16, 1912, that I last saw her alive on Apr 16, 1912, and that death occurred, on the date stated above, at 49 m.

The CAUSE OF DEATH* was as follows:
Strangulation of bowels, caused by Hernia.

Contributory Hernia of bowels
(SECONDARY) (Duration) _____ yrs. _____ mos. 2 ds.

(Signed) H. G. Isenberg M. D.
June 6, 1912 (Address) Van Clee P. O. 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 Budletin Cemetery DATE OF BURIAL Apr 17, 1912

UNDERTAKER H H Shop ADDRESS Van Clee Mo.

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 to 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.)