

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

PLACE OF DEATH

County Bollinger  
Township Whitewater  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 68 File No. 16196  
Primary Registration District No. 8709 Registered No. 10

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

FULL NAME

Charlie Loberg

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>May 5, 1845</u> (Month) (Day) (Year)		
AGE <u>67</u> yrs. <u>5</u> mos. <u>5</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>of 0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Cape Co. Mo.</u>		
PARENTS	NAME OF FATHER <u>Berryman Rob</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>unknown</u>	
	MAIDEN NAME OF MOTHER <u>Roe</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cape Co. Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
May 11<sup>th</sup>, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Apr 21, 1912, to May 11, 1912, that I last saw her alive on May 10, 1912, and that death occurred, on the date stated above, at 5:30 a.m.  
The CAUSE OF DEATH\* was as follows:

Acute Pericarditis

90B  
106B  
(Duration) yrs. mos. 20 ds.

Contributory (SECONDARY) Chronic Bronchitis  
(Duration) about yrs. mos. ds.  
(Signed) H. H. Kelley M. D.  
May 12, 1912 (Address) Patton 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  
Cross Road Cemetery DATE OF BURIAL  
May 12, 1912

UNDERTAKER  
Union Store Co ADDRESS  
Benyville Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. W. Loberg  
(ADDRESS) Liverville Mo.

Filed May 11, 1912 R. D. Playlock  
REGISTRAR

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.

WRITE FREELY, WITH CARE.

# 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.)



## PLACE OF DEATH

County

*Bollinger*

Township

*White Water*or  
Villageor  
City

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

Registration District No.

*68*

File No.

Primary Registration District No.

*5109*

Registered No.

*10*

(NO. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

FULL NAME

*Blairice Loburg*

## PERSONAL AND STATISTICAL PARTICULARS

SEX

*F.*

COLOR OR RACE

*W.*SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)*M.*

DATE OF BIRTH

*May 5, 1845*

(Month)

(Day)

(Year)

AGE

*67 yrs. 5 mos. 5 ds.*If LESS than  
1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
or \_\_\_\_\_ min.

OCCUPATION

(a) Trade, profession, or particular kind of work

*housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

*Cape Girardeau, Mo.*

PARENTS

NAME OF FATHER

*Berryman Rol*BIRTHPLACE OF FATHER  
(City or town, State or foreign country)*W. Mo.*

MAIDEN NAME OF MOTHER

*Rol*BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)*Cape Girardeau, Mo.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

*Willis Loburg**Lerville Mo*

At

*May 11, 1912**at**W. Mo.*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

*May 11, 1912*

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

*April 21, 1912, to May 11, 1912,*that I last saw her alive on *May 10, 1912,*and that death occurred, on the date stated above, at *5:50 a.m.*

The CAUSE OF DEATH\* was as follows:

*Acute pericarditis*

Contributory

(SECONDARY)

(Duration) yrs. mos. *20 ds.**Chronic bronchitis*(Duration) yrs. mos. ds. *abt. 30*

(Signed)

*H. D. O'Keefe*

M. D.

*May 15, 1912* (Address) *Patton 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)

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Where was disease contracted  
If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

*Cross Road Cem.*

DATE OF BURIAL

*May 12, 1912*

UNDERTAKER

*Union Stone Co.*

ADDRESS

*Perryville Mo.*

Original file, date

*MAY 11*

1912

All information called for must be written on this Supplementary Certificate.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

OCCUPAT

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9/19/21

*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.)