

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	<u>Carroll</u>		Registration District No.	<u>137</u>	File No.	<u>19699</u>
Township	<u>Harrison</u>		Primary Registration District No.	<u>5195</u>	Registered No.	<u>15</u>
or						
Village						
or						
City			(NO.)		St.	Ward)
FULL NAME <u>Dwight</u> <u>Am Weston</u>						
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)		DATE OF DEATH		
<u>Male</u>	<u>White</u>	<u>Married</u>		<u>June 22</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH				I HEREBY CERTIFY, that I attended deceased from		
<u>April</u> , 4, 18 <u>59</u> (Month) (Day) (Year)				<u>June 18</u> , 191 <u>2</u> , to <u>June 22</u> , 191 <u>2</u> , that I last saw him alive on <u>June 22</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>4 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Heart disease with shock</u> <u>of liver</u> <u>92 P.</u> <u>125 D</u> (Duration) <u>one</u> yrs. mos. ds.		
AGE		IF LESS than 1 day, hrs. or min.?				
<u>53</u> yrs. <u>2</u> mos. <u>18</u> ds.						
OCCUPATION (a) Trade, profession, or particular kind of work						
<u>Farmer</u>						
(b) General nature of industry, business, or establishment in which employed (or employer)						
BIRTHPLACE (City or town, State or foreign country)				Contributory (SECONDARY) (Duration) yrs. mos. ds.		
<u>Iowa</u>						
PARENTS	NAME OF FATHER			(Signed) <u>John W. Ormrod</u> M. D.		
	<u>Henry Amwesten</u>			<u>June 22</u> , 191 <u>2</u> (Address) <u>Sumner Mo</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	<u>Germany</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)		
MAIDEN NAME OF MOTHER			At place of death yrs. mos. ds. In the State yrs. mos. ds.			
<u>Francis J</u>			Where was disease contracted if not at place of death?			
BIRTHPLACE OF MOTHER (City or town, State or foreign country)			Former or usual residence			
<u>Michigan</u>			PLACE OF BURIAL OR REMOVAL			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				DATE OF BURIAL		
(Informant) <u>Frank D. Guanter</u>				<u>Sumner Mo</u> <u>June 22</u> , 191 <u>2</u>		
(ADDRESS) <u>Sumner Mo</u>				UNDERTAKER		
Filed <u>June 23</u> , 191 <u>2</u> <u>WPKamp</u>				<u>WPKamp</u>		
REGISTRAR				ADDRESS		
				<u>Sumner Mo</u>		

# 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, peritonaeum*, 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 UNFADING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Carroll  
Township Hurricane  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 137 File No. 19699  
Primary Registration District No. 5-195 Registered No. 13

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

FULL NAME Dwight Amwater

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Apr 4, 1959  
(Month) (Day) (Year)

AGE 53 yrs. 2 mos. 18 ds. IF LESS than 1 day, hrs. or mins.

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

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

PARENTS  
NAME OF FATHER Henry Amwater  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
MAIDEN NAME OF MOTHER Francis  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mich.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Frank D Amwater  
(ADDRESS) Hale Mo

Filed Aug 23 1912 W. K. Kemp  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 18, 1912, to June 22, 1912, that I last saw him alive on June 22, 1912, and that death occurred, on the date stated above, at 4:10 p. m.

The CAUSE OF DEATH\* was as follows:  
Heart disease with abscess in wall. Mitral insufficiency.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. E. Stater M. D. (Address) Sumner 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 Hurricane Cem DATE OF BURIAL June 23, 1912

UNDERTAKER J. E. Stater ADDRESS Hale Mo.

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