

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>Verona</u>		Registration District No.	<u>875</u>	File No.	<u>22052</u>
Township	_____		Primary Registration District No.	<u>3039</u>	Registered No.	<u>126</u>
or Village	_____		City	<u>Neovada</u>	(NO. _____) St. _____ Ward _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City	_____		FULL NAME <u>Charles Schatzel</u>			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
<u>Male</u>	<u>white</u>	<u>Single</u>	<u>June 16, 1912</u> (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
<u>Feb 1, 1887</u> (Month) (Day) (Year)			<u>March, 1912, to June 16, 1912</u>			
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?	that I last saw him alive on <u>June 25th, 1912</u>			
<u>25</u> yrs. <u>6</u> mos. <u>5</u> ds.			and that death occurred, on the date stated above, at <u>9 a</u> m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work <u>Farmer</u>			<u>Pulmonary Tuberculosis</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>1-82</u>			(Duration) <u>2</u> yrs. _____ mos. _____ ds.			
BIRTHPLACE			Contributory			
(City or town, State or foreign country) <u>Lickington Mo.</u>			(SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.			
PARENTS	NAME OF FATHER	<u>W. B. Schatzel</u>	(Signed) <u>W. D. Williams</u> M. D.			
	BIRTHPLACE OF FATHER	(City or town, State or foreign country) _____	<u>June 27, 1912</u> (Address) <u>Neovada Mo.</u>			
	MAIDEN NAME OF MOTHER	<u>Not obtainable</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.			
	BIRTHPLACE OF MOTHER	(City or town, State or foreign country) <u>Not obtainable</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.			
(Informant) <u>W. M. Williams</u>			Where was disease contracted if not at place of death? _____			
(ADDRESS) <u>Neovada Mo.</u>			Former or usual residence <u>Neovada Mo.</u>			
Filed <u>6-27</u> 191 <u>2</u> <u>W. D. Williams</u>			PLACE OF BURIAL OR REMOVAL <u>Deerwood Neovada Mo.</u>			
REGISTRAR			DATE OF BURIAL <u>6-28, 1912</u>			
			UNDERTAKER <u>W. D. Williams</u>			
			ADDRESS <u>Neovada 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.)



NE. L. NK- THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County Vernon

Township _____

Village _____

City Nevada

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

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

Registration District No. 875

File No. 22052

Primary Registration District No. 303.9

Registered No. 126

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

FULL NAME

Ebert Schaezel

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

white

SINGLE MARRIED OR DIVORCED (Write the word)

Single

DATE OF BIRTH

Feb. 1, 1887
(Month) (Day) (Year)

AGE

25 yrs. 6 mos. ds. or hrs. and 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)

Lexington Mo.

NAME OF FATHER

G. W. Schaezel

BIRTHPLACE OF FATHER

Missouri

MAIDEN NAME OF MOTHER

Not Obtainable

BIRTHPLACE OF MOTHER

Not Obtainable

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ethel Thornton

(ADDRESS)

Nevada Mo.

Filed

8-1

1912

J. J. Wilson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 1912, to June 26, 1912, that I last saw him alive on June 25, 1912, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory

(SECONDARY)

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

(Signed) V. O. Williams M. D.

June 27, 1912 (Address) Nevada 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 Nevada Mo.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Deepwood, Nevada 6/28, 1912

UNDERTAKER

ADDRESS

W. J. Waincott Nevada Mo.

1912 9 7 19 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]

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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 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.)