

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.

PLACE OF DEATH

County Jefferson
 Township W. 11th
 or
 Village
 or
 City St. Loto. Mo. (NO. 5th & Stone St. 1st Ward)

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

Registration District No. 420 File No. 23376 23476
 Primary Registration District No. 3022 Registered No. 53

FULL NAME Rudolph G. Hampstead

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>unmarried</u> |
| DATE OF BIRTH <u>Nov 24 1890</u> (Month) (Day) (Year) | | |
| AGE <u>22</u> yrs. <u>8</u> mos. <u>11</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.? | | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Railway laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Employed S.C.P.</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>South Haven Mich.</u> | | |
| PARENTS | NAME OF FATHER <u>Geo. W. Hampstead</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mantua Ill.</u> | |
| | MAIDEN NAME OF MOTHER <u>Elizabeth F. Shenk</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pestone Ill.</u> | |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. W. Hampstead
 (ADDRESS) Maryville Mo.
 Filed 7/13 1912 Elmer Kempe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 12, 1912, to July 12, 1912
 that I last saw him alive on July 11, 1912,

and that death occurred, on the date stated above, at 10.30 AM

THE CAUSE OF DEATH* was as follows:

Meningitis798

(Duration) ___ yrs. ___ mos. ___ ds.
 Contributory Unknown
 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) H. C. Farnsworth M. D.
7/13 1912 (Address) St. Loto 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 South Haven Mich. DATE OF BURIAL July 14, 1912
 UNDERTAKER R. C. Willson ADDRESS St. Loto 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) *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.)



WHITE 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.

PLACE OF DEATH
 County Jefferson
 Township _____
 or
 Village _____
 or
 City Desota Mo. (NO. 5th + Stone St., Ward _____)

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

Registration District No. 420 File No. 23876
 Primary Registration District No. 3022 Registered No. 53

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

FULL NAME Rudolph G. Hempstead

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF DEATH July 13, 1912
 (Month) (Day) (Year)

DATE OF BIRTH Nov. 24, 1890
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 12, 1912, to July 12, 1912
 that I last saw him alive on July 11, 1912
 and that death occurred, on the date stated above, at 10:30 a. m.

AGE 22 yrs. 8 mos. 11 ds.
 IF LESS than 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:
Meningitis "not epidemic or infectious"

OCCUPATION
 (a) Trade, profession, or particular kind of work Railway Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) Employed G. P. R.

BIRTHPLACE (City or town, State or foreign country) South Haven Mich.

Contributory not known
 (Duration) yrs. mos. ds.
 (Signed) M. K. [Signature]
7-13, 1912 (Address) Desota Mo.

NAME OF FATHER Geo. W. Hempstead

BIRTHPLACE OF FATHER (City or town, State or foreign country) Marysville Ill.

MAIDEN NAME OF MOTHER Elizabeth P. Shenk

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Peatone, Ill.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Geo. W. Hempstead

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(ADDRESS) Maryville Mo.

Where was disease contracted If not at place of death?

Filed 9/6 by Elmer Kempe REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL South Haven Mich. DATE OF BURIAL July 14, 1912

UNDERTAKER H. Coywell & Son ADDRESS Desota 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 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.)