

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 Montgomery Registration District No. 5-94 File No. 23669

Township First or _____ Primary Registration District No. 4352 Registered No. 9

Village _____ or _____ City _____ (NO. 5788B Ward _____)

FULL NAME Selma Baumann

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

PERSONAL AND STATISTICAL PARTICULARS			2. MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>July 26, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 16, 1908</u> (Month) (Day) (Year)			<p>I HEREBY CERTIFY, that I attended deceased from <u>July 23, 1912</u>, to <u>July 25, 1912</u>, that I last saw her alive on <u>July 25/16/1912</u>, and that death occurred, on the date stated above, at <u>7 A. M.</u> The CAUSE OF DEATH* was as follows:</p> <p style="text-align: center;"><u>Meningitis & Pneumonia</u> <u>107A</u></p> <p style="text-align: center;">(Duration) <u>79 A.</u> yrs. <u>4</u> mos. <u>4</u> ds.</p> <p>Contributory <u>Pneumonia</u> (Duration) yrs. <u>2 1/2</u> ds.</p> <p>(Signed) <u>A. J. Burgh</u> M. D. <u>7-26-12</u> (Address) <u>Rhinecland</u></p> <p>*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.</p> <p>LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</p> <p>At place of death yrs. _____ mos. _____ ds. In the State yrs. _____ mos. _____ ds.</p> <p>Where was disease contracted if not at place of death? _____</p> <p>Former or usual residence _____</p>	
AGE <u>3</u> yrs. <u>11</u> mos. <u>10</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?				
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>			<p>PLATE OF BURIAL <u>Meyers Grove yard</u> DATE OF BURIAL <u>July 27, 1912</u></p> <p>UNDETAKEE <u>Ed. Hattungen</u> ADDRESS <u>66 Rhinecland Mo.</u></p>	
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>				
PARENTS	NAME OF FATHER <u>Henry Baumann</u>			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>			
MAIDEN NAME OF MOTHER <u>Dora Sievert</u>				
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Warrenton Mo.</u>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>H. Baumann</u>				
(ADDRESS) <u>McKittick</u>				
Filed <u>7-26</u> 1912 <u>O. R. Rauschelbach</u> REGISTRAR				

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*, *Compositor*, *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.)



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PLACE OF DEATH

County Montgomery
 Township Louise
 or
 Village
 or
 City (NO. _____)

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. 594 File No. 23669
 Primary Registration District No. 5788 B Registered No. 9
 St. _____ Ward _____

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

FULL NAME Selma Baumann

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug. 16, 1908
 (Month) (Day) (Year)

AGE 2 yrs. 11 mos. 10 ds. IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS
 NAME OF FATHER Henry Baumann
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri
 MAIDEN NAME OF MOTHER Wesie Sievert
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Warrenton Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Hy. Baumann
 (ADDRESS) McKittrick

Filed July 26, 1912 D. R. Rausch
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 23, 1912, to July 25, 1912, that I last saw her alive on July 25, 1912, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:
Acute meningitis

(Duration) _____ yrs. _____ mos. 4 ds.
 Contributory Broncho-Pneumonia
 (SECONDARY) (Duration) _____ yrs. _____ mos. 3 ds.
 (Signed) S. J. Busch M. D.
7-26, 1912 (Address) Rhineland

*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 Myers Grave yard DATE OF BURIAL July 27, 1912

UNDERTAKER Ed Kottmeyer & Co. ADDRESS Rhineland

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.)