

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	<i>Platte</i>		Registration District No.	<i>698</i> , <i>23887</i> <i>23987</i>
Township			Primary Registration District No.	<i>4420</i> , Registered No. <i>20</i>
or			City	<i>Weston</i> (NO. _____ St. _____ Ward _____)
Village			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
or				
City				
FULL NAME			<i>Bernard Joseph Bless</i>	
PERSONAL AND STATISTICAL PARTICULARS			3 MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
<i>Male</i>	<i>White</i>	<i>Single</i>	<i>July 9</i> , 19 <i>12</i>	
DATE OF BIRTH				
<i>Apr 01</i> , 19 <i>12</i>				
AGE				
<i>2</i> yrs. <i>18</i> mos. <i>18</i> ds.				
OCCUPATION				
(a) Trade, profession, or particular kind of work <i>none</i>				
(b) General nature of industry, business, or establishment in which employed (or employer) _____				
BIRTHPLACE				
(City or town, State or foreign country) <i>Weston Mo</i>				
PARENTS	NAME OF FATHER			
	<i>B. J. Bless Jr.</i>			
	BIRTHPLACE OF FATHER			
	(City or town, State or foreign country) <i>Weston Mo</i>			
MAIDEN NAME OF MOTHER				
<i>Bertha Iseman</i>				
BIRTHPLACE OF MOTHER				
(City or town, State or foreign country) <i>Lawrence Kas</i>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <i>B. J. Bless Jr.</i>				
(ADDRESS) <i>Weston Mo</i>				
Filed <i>July 9th</i> 19 <i>12</i> <i>J. W. [Signature]</i> REGISTRAR				
I HEREBY CERTIFY, that I attended deceased from				
<i>Bertha Bless</i> 19 <i>12</i> , to <i>Death</i> <i>July</i> , 19 <i>12</i> ,				
that I last saw him alive on <i>July 8th</i> , 19 <i>12</i> ,				
and that death occurred, on the date stated above, at <i>12:30 P. M.</i>				
The CAUSE OF DEATH* was as follows:				
<i>Chronic Indigestion.</i>				
<i>160 lbs</i>				
<i>157 X 15</i>				
Contributory				
(SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.				
(Signed) <i>Dr. C. H. Chastain</i> M. D.				
<i>July 9th</i> 19 <i>12</i> . (Address) <i>Weston, Mo.</i>				
*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			DATE OF BURIAL	
<i>Lamar Hill Cem</i>			<i>July 10</i> , 19 <i>12</i>	
UNDERTAKER			ADDRESS	
<i>J. H. Brill</i>			<i>Weston Mo</i>	

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*, *peritonacum*, 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 *septichaemia*," "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

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 Platte
Township _____
or
Village _____
or
City Weston (NO. _____ St.; _____ Ward)

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

Registration District No. 698 File No. 23887
Primary Registration District No. 4420 Registered No. 25

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

FULL NAME Bernard Joseph Bliss

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH April 21, 1912
(Month) (Day) (Year)
AGE 2 yrs. 18 mos. ds. If LESS than 1 day, _____ hrs. or _____ mins.

DATE OF DEATH July 9, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from _____, 1912, to _____, 1912,
that I last saw h. in alive on July 8, 1912
that death occurred, on the date stated above, at 12:31 p.m.

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

The CAUSE OF DEATH* was as follows: Patulous Protrusion of Instrumental delivery Prematurity

BIRTHPLACE (City or town, State or foreign country) Weston Mo.

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

PARENTS
NAME OF FATHER B. J. Bliss Jr.
BIRTHPLACE OF FATHER (City or town, State or foreign country) Weston Mo.
MAIDEN NAME OF MOTHER Bertha Isemann
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lawrence Kas.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. H. Brantner M. D.
July 9, 1912 (Address) Weston Mo.
* 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
(Informant) B. J. Bliss Jr.
(ADDRESS) Weston Mo.

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 _____

Filed Sept 6, 1912 J. W. Shultz Jr. REGISTRAR

PLACE OF BURIAL OR REMOVAL Laural Hill Cem. DATE OF BURIAL July 10, 1912
UNDERTAKER J. H. Brill ADDRESS Weston 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.)