

ONTARIO PUBLIC HEALTH BOARD - 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.

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

PLACE OF DEATH
County Andrew
Township Cherry
or
Village Vandalia
or
City _____ (NO. _____)

Registration District No. 912 File No. 25363
Primary Registration District No. 4550 Registered No. 50
St. _____ Ward _____

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

FULL NAME Dr. A. A. Branstetter

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE white SINGLE MARRIED married
OR WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Dec. 15, 1868
(Month) (Day) (Year)

AGE 44 yrs. 7 mos. — ds. IF LESS than
1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Dentist
(b) General nature of industry, business, or establishment in which employed (or employer) 2-04

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

PARENTS
NAME OF FATHER Sam. Branstetter
BIRTHPLACE OF FATHER (City or town, State or foreign country) Pike Co. Mo.
MAIDEN NAME OF MOTHER Jane Chamberlain
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pike Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. M. Branstetter
(ADDRESS) Vandalia

Filed Aug 15 1912 Sk. W. Beaud
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 14, 1912, to Aug 15, 1912,
that I last saw him alive on Aug 15, 1912,
and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:
uremia
130
7 1/2 B
13 1/2 B
(Duration) _____ yrs. _____ mos. 7 ds.

Contributory acute alcoholism
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Warren W. Beaud M. D.
Aug 15, 1912 (Address) Vandalia

*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 Vandalia Mo. DATE OF BURIAL Aug. 17 1912
UNDERTAKER J. B. Black ADDRESS Vandalia 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*, *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, 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.)



PLACE OF DEATH

County Andrew

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

Township _____

Registration District No. 912

File No. 25363

Village Vandalia

Primary Registration District No. 4550

Registered No. 20

City _____

(NO. _____ St. _____ Ward _____)

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

FULL NAME Mr. A. L. Branstetter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug. 15, 1912 (Month) (Day) (Year)

DATE OF BIRTH Dec. 15, 1868 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 14, 1912, to Aug. 15, 1912, that last saw him alive on Aug. 10, 1912, and that death occurred, on the date stated above, at 8 a. m. :

AGE 44 yrs. 7 mos. ds. IF LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

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

Acute Nephritis (Duration) _____ yrs. _____ mos. 1 ds.

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

Contributory (SECONDARY) Alcoholism (Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER S. W. Branstetter

(Signed) H. W. Glass M. D. (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Pike Co. Mo.

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

MAIDEN NAME OF MOTHER Jane Chamberlain

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pike Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) S. W. Branstetter

Where was disease contracted If not at place of death? Former or usual residence _____

(ADDRESS) Vandalia

PLACE OF BURIAL OR REMOVAL Vandalia Mo. DATE OF BURIAL Aug. 17, 1912

Filed Aug 10 1912 H. W. Glass REGISTRAR

UNDERTAKER J. B. Clark ADDRESS Vandalia Mo.

WRITE PLAINLY, WITH INK, CAREFULLY SPLICED. GAGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, terse, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Supplemental

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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