

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH _____
 County Drunklin
 Township Salmon
 or _____
 Village Hollywood
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 740 File No. 25940
 Primary Registration District No. 5408 Registered No. 651

FULL NAME William Schultz

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>+</u>
DATE OF BIRTH <u>Aug 2</u> 19 <u>11</u> (Month) (Day) (Year)		
AGE yrs. <u>8</u> mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Hollywood Mo</u>		
PARENTS	NAME OF FATHER <u>Charles Schultz</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Drunklin Mo</u>	
	MAIDEN NAME OF MOTHER <u>Hattie Zucker</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Drunklin Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 2, 1912, to Aug 7, 1912, that I last saw her alive on Aug 6, 1912, and that death occurred, on the date stated above, at 2 A. m. The CAUSE OF DEATH* was as follows:
Remittent Fever
38
12 mos. _____ ds.

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

(Signed) H. H. H. H. M. D. July 7, 1912 (Address) Senators

*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) J. R. Halsten
(ADDRESS) Hollywood Mo

Filed Aug 7 1912 W. E. H. H. REGISTRAR

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 Truist Cemetery DATE OF BURIAL 8/7 1912
UNDERTAKER Le P. M. D. Smith Mo ADDRESS _____

United States Standard Certificate of Death

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

of occupation.—Precise statement of occu-
pation is very important, so that the relative health-
ful pursuits can be known. The ques-
tion for each and every person, irrespective of
any occupations a single word or term on
which will be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
Fireman, *Stationary fireman*, etc. But in many
cases, especially in industrial employments, it is neces-
sary to state (a) the kind of work and also (b) the
nature of the business or industry, and therefore an
example is provided for the latter statement; it
is 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*, *House-*
work, or *At home*, and children, not gainfully employed,
as *At school* or *At home*. Care should be taken to re-
port specifically the occupations of persons engaged in
domestic service for wages, as *Servant*, *Cook*, *House-*
maid, etc. If the occupation has been changed or given
up on account of the DISEASE CAUSING DEATH, state oc-
cupation at beginning of illness. If retired from busi-
ness, that fact may be indicated thus: *Farmer (re-*
tired, 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 re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-*
brospinal 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* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or termi-
nal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

