

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 Monroe ✓

Township _____ Registration District No. 5717 File No. 26834
or
Village _____ Primary Registration District No. 3029 Registered No. 207
or
City Hannibal (NO. 1902 Gordon St.: 6 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Fred W. Schluter

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>Wht</u>	SINGLE, WIDOWED, MIDDLEWIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Aug 13, 1912</u> (Month) (Day) (Year)		
AGE <u>4</u> yrs. <u>4</u> mos. <u>4</u> 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>Hannibal Mo</u>		
PARENTS	NAME OF FATHER <u>Wm Schluter</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill</u>	
	MAIDEN NAME OF MOTHER <u>Minnie Ainge</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Hannibal</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Schluter
(ADDRESS) Hannibal Mo
August 18, 1912 W. W. Power
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Aug 13, 1912, to Aug 17, 1912, that I last saw him alive on Aug 17, 1912, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:
Paralysis Infantile

(Duration) _____ yrs. _____ mos. 4 ds.

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

(Signed) W. W. Power M. D.
Aug 18, 1912 (Address) 1803 Mark St.

*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 <u>Riverside</u>	DATE OF BURIAL <u>Aug 19, 1912</u>
UNDERTAKER <u>R. W. Sanford</u>	ADDRESS <u>Hannibal</u>

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*, *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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

County MarionREGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Township _____

Registration District No. 547File No. 26834

or

Village _____

Primary Registration District No. 3029Registered No. 202

or

City Hannibal(NO. 1902 Gordon)St. 5 Ward)[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]FULL NAME Fred Wm Schlueter

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED Single
WIDOWED
OR DIVORCED
(Write the word)DATE OF BIRTH Aug. 13, 1912
(Month) (Day) (Year)AGE _____ IF LESS than
1 day, _____ hrs. _____ and that death occurred, on the date stated above, at 8p. m.
or _____ min.
yrs. mos. 4 ds.

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) Hannibal, Mo.PARENTS
NAME OF
FATHER Wm SchlueterBIRTHPLACE
OF FATHER
(City or town, State or foreign country) Ill.MAIDEN NAME
OF MOTHER Monnie ArigeBIRTHPLACE
OF MOTHER
(City or town, State or foreign country) Hannibal

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Schlueter(ADDRESS) Hannibal, Mo.Filed Aug. 18, 1912 R. M. Sanford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Aug. 13, 1912, to Aug. 17, 1912
that I last saw him alive on Aug. 17, 1912.and that death occurred, on the date stated above, at 8p. m.

The CAUSE OF DEATH* was as follows:

Paralysis Infantile

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

Contributory

(SECONDARY)

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

(Signed) J. H. Cooper M. D.Aug. 18, 1912 (Address) 1803 Market*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

Riverside

DATE OF BURIAL

Aug. 19, 1912

UNDERTAKER

R. M. Sanford

ADDRESS

HannibalOriginal file. date AUG, 1912

All information called for must be written on this Supplementary Certificate.

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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.)