

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 <i>Ryland</i>		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County <i>Rapaud</i>	Registration District No. <i>461</i>	File No. <i>29949</i>	
Township <i>DePue</i>	Primary Registration District No. <del>2</del>	Registered No. <i>78</i>	
Village _____	<i>5625</i>	St. _____	Ward _____
City _____ (NO)			
FULL NAME <i>E. J. T. Luchman</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED <i>Married</i>	DATE OF DEATH <i>JUL 15 1912</i>
WIDOWED OR DIVORCED _____			(Month) _____ (Day) _____ (Year) _____
DATE OF BIRTH <i>May 22 1841</i>			I HEREBY CERTIFY, that I attended deceased from <i>July 11</i> , 1912, to <i>July 15</i> , 1912,
(Month) _____ (Day) _____ (Year) _____			that I last saw him alive on <i>July 15</i> , 1912,
AGE <i>71</i> yrs. <i>1</i> mos. <i>23</i> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		and that death occurred, on the date stated above, at <i>1:30</i> m.
OCCUPATION (a) Trade, profession, or particular kind of work <i>Farmer</i>			The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) <i>General farming</i>			<i>Cerebral Hemorrhage</i>
BIRTHPLACE (City or town, State or foreign country) <i>Germany</i>			(Duration) _____ yrs. _____ mos. <i>4</i> ds.
PARENTS	NAME OF FATHER <i>Witz Luchman</i>	Contributory (SECONDARY) _____	(Duration) _____ yrs. _____ mos. _____ ds.
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Germany</i>	(Signed) <i>Dr. R. P. ...</i> M. D.	<i>JUL 15 1912</i> (Address) <i>DePue, Mo</i>
	MAIDEN NAME OF MOTHER <i>Mary Ahmann</i>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Germany</i>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(Informant) <i>Mrs. E. J. T. Luchman</i>	Where was disease contracted if not at place of death? _____	Former or usual residence _____	
(ADDRESS) <i>DePue, Mo</i>	PLACE OF BURIAL OR REMOVAL <i>DePue, Mo</i>	DATE OF BURIAL <i>JUL 17 1912</i>	
Filed <i>July 4 1912</i>	REGISTRAR <i>J. C. Chalkey</i>	UNDERTAKER <i>Emmett Report</i>	ADDRESS <i>DePue, 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*, *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 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

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PLACE OF DEATH

County Lafayette  
Township Lexington  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 461 File No. 29949  
Primary Registration District No. 0625 Registered No. 78

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

FULL NAME E. J. F. Luehrman

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 22, 1841  
(Month) (Day) (Year)

AGE 71 yrs. 1 mos. 23 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ mins.

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

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

PARENTS  
NAME OF FATHER Fritz Luehrman  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
MAIDEN NAME OF MOTHER Mary Ahmann  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. E. J. F. Luehrman  
(ADDRESS) Lexington, Mo.

Filed Oct 8 1912 Challey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 11, 1912, to July 15, 1912, that I last saw him alive on July 15, 1912.

and that death occurred, on the date stated above, at 1.30 m.

The CAUSE OF DEATH\* was as follows:  
cerebral hemorrhage

Contributory (SECONDARY) arterio sclerosis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) E. J. F. Luehrman M. D.  
July 15, 1912 (Address) Lexington, Mo.

\*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 Lexington, Mo. DATE OF BURIAL July 17, 1912

UNDERTAKER Arnest Fegert ADDRESS Lexington, Mo.

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