

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 Saline
 Township Marshall
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward _____)

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

Registration District No. 796 File No. 31576
 Primary Registration District No. 6039 Registered No. 105

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

FULL NAME Adolph Richtermeier

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE single
 MARRIED
 WIDOWED
 OR DIVORCED
 (#/rite the word)

DATE OF BIRTH Jan 18th 1896
 (Month) (Day) (Year)

AGE 16 yrs. 7 mos. 16 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS
 NAME OF FATHER X
 BIRTHPLACE OF FATHER (City or town, State or foreign country) X
 MAIDEN NAME OF MOTHER X
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) X

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. D. Drugg
 (ADDRESS) Marshall, Mo.

Filed Sept. 7 1912 A. C. Putnam
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4th 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 20th 1912, to Sept 4th 1912, that I last saw him alive on Sept 3rd 1912, and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:
Epileptic exhaustion
95
12086

(Duration) yrs. mos. ds.
 Contributory (SECONDARY) Infectious Colerch
 (Duration) yrs. mos. ds.
 (Signed) A. D. Drugg M. D.
Sept 4 1912 (Address) Marshall, 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 10 yrs. ___ mos. ___ ds. In the State all life mos. ___ ds.
 Where was disease contracted if not at place of death? Franklin Co. Mo.
 Former or usual residence Franklin Co. Mo.

PLACE OF BURIAL OR REMOVAL Mo Colony Cemetery DATE OF BURIAL Sept 7 1912
 UNDERTAKER P. M. Walker ADDRESS Marshall 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*, *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*, *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.)



TWICE PLAINLY WITHOUT A DING LINK—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.

REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH
County Saline
Township Marshall
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 796 File No. _____
Primary Registration District No. 6039 Registered No. 105

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

FULL NAME Adolph Richtemeier

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(If write the word)
DATE OF BIRTH Jan. 18, 1896
(Month) (Day) (Year)
AGE 16 yrs. 7 mos. 16 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Sept. 4, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Aug. 20, 1912 to Sept. 4, 1912
that I last saw him alive on Sept. 3, 1912
and that death occurred, on the date stated above, at 12:15 a. 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:
Epileptic exhaustion

BIRTHPLACE (City or town, State or foreign country) Jeffriesburg Mo.
PARENTS
NAME OF FATHER Not known X
BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known
MAIDEN NAME OF MOTHER Not known X
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

(Duration) ___ yrs. ___ mos. ___ ds.
Contributory Intestinal Catarrh
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) H. D. Drugg M. D.
Sept. 4, 1912 (Address) Marshall Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. D. Drugg X
(ADDRESS) Marshall, 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 _____

Filed Nov 6 1912 H. C. Putnam REGISTRAR

PLACE OF BURIAL OR REMOVAL Mo. Colony Cem. DATE OF BURIAL Sept. 7, 1912
UNDERTAKER P. M. Walker ADDRESS Marshall

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.)

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