

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 Campbell  
Township Auglaize  
or  
Village Stantland Mo  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 215 File No. 322167  
Primary Registration District No. 3170B Registered No. 7

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

FULL NAME Lizzie Schmoaty

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Oct 22, 1911  
(Month) (Day) (Year)

AGE 1 yrs. 8 mos. 2 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Stantland Mo

PARENTS  
NAME OF FATHER Joseph Schmoaty  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Syria Foreign  
MAIDEN NAME OF MOTHER Money Fair  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jordan Foreign

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Joseph Schmoaty

(ADDRESS) Stantland Mo

Filed Oct 31, 1911 W.P. Poolman  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 30, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 22, 1912, to Oct 30, 1912, that I last saw her alive on Oct 30, 1912, and that death occurred, on the date stated above, at 11<sup>45</sup> m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

(Duration) \_\_\_ yrs. \_\_\_ mos. 7 ds.  
Contributory Contribution of bowels  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 5 ds.  
(Signed) W.P. Poolman M. D.  
Nov 1, 1912 (Address) W.P. Poolman

\*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 1 yrs. \_\_\_ mos. 8 ds. In the State 1 yrs. \_\_\_ mos. 8 ds.  
Where was disease contracted if not at place of death? Place of Death  
Former or usual residence none

PLACE OF BURIAL OR REMOVAL Stantland Cemetery DATE OF BURIAL Nov 1, 1912

UNDERTAKER John O. Thompson ADDRESS Stantland 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, 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.)



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MISSOURI STATE BOARD OF HEALTH

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 Cass  
 Township Anglaize  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 275 File No. 32216  
 Primary Registration District No. 5170 B Registered No. \_\_\_\_\_

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

FULL NAME Lizzie Schmooty

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct. 22, 1911  
 (Month) (Day) (Year)

AGE 1 yrs. 8 mos. 8 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS  
 NAME OF FATHER Joseph Schmooty  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Lyria  
 MAIDEN NAME OF MOTHER Margery Fair  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jerusalem

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Joseph Schmooty  
 (ADDRESS) Stoutland, Mo.

File No. 2022 REGISTRAR John O. Thompson

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 - 30, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 23, 1912, to Oct. 30, 1912, that I last saw her alive on Oct. 30, 1912, and that death occurred, on the date stated above, at 11.45 p.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia Fever  
Brainced  
 (Duration) \_\_\_ yrs. \_\_\_ mos. 7 ds.

Contributory Congestion of bowels  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.  
 (Signed) W. P. Carlson M. D.  
Nov. 1, 1912 (Address) Stoutland, 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 Stoutland Cem. DATE OF BURIAL Nov. 1, 1912  
 UNDERTAKER John O. Thompson ADDRESS Stoutland

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
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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.)