

INMENT 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 Ecole
Township Orange Registration District No. 216 File No. 32408
or ~~Orange~~ District No. 5296 Registered No. 10
Village ~~Orange~~ Primary Registration District No. 5296
or ~~Orange~~ City (NO. _____) St. _____ Ward _____

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

FULL NAME Katherine Viernann

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>
SINGLE MARRIED <input checked="" type="checkbox"/> WIDOWED OR DIVORCED (If write the word)	
DATE OF BIRTH <u>X 1832 - Oct 18, 1832</u> (Month) (Day) (Year)	
AGE <u>80</u> yrs. <u>3</u> mos. <u>3</u> ds.	If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>— 9 — 10</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Foreign County</u>	
PARENTS	NAME OF FATHER <input checked="" type="checkbox"/>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <input checked="" type="checkbox"/>
	MAIDEN NAME OF MOTHER <input checked="" type="checkbox"/>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <input checked="" type="checkbox"/>

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>Oct 21, 1912</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>Oct 14th</u> , 1912, to <u>Oct 21st</u> , 1912, that I last saw her alive on <u>Oct 14th</u> , 1912, and that death occurred, on the date stated above, at <u>6 P.M.</u>
The CAUSE OF DEATH* was as follows: <u>Chronic Interstitial Nephritis</u> <u>131</u> <u>102</u> — about 2 months (Duration) yrs. mos. ds.
Contributory <u>Old Age</u> (SECONDARY) (Duration) yrs. mos. ds. <u>dist. from</u>
(Signed) <u>Henry B. Werner</u> M. D. <u>Oct 22, 1912</u> (Address) <u>St Thomas No.</u>

*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) August Schneiders
(ADDRESS) Brasite Cole County
Filed Oct 22, 1912 L.A.P. Neys
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 <u>at Albert Viernann</u>
PLACE OF BURIAL OR REMOVAL <u>Honey Creek Cemetery</u>
DATE OF BURIAL <u>Oct. 23, 1912</u>
UNDERTAKER <u>P. B. L. Walther</u>
ADDRESS <u>St. Thomas No.</u>

per B.A. Meyerpeter.

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*, *Sarcoma*, 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.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

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

PLACE OF DEATH
County Wheeler
Township Orange
Village
City (NO. _____ St. _____ Ward _____)

Registration District No. 916 File No. 32408
Primary Registration District No. 5296 Registered No. 10

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

FULL NAME Katherine Wassmann Viemann

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH 10-18, 1911
(Month) (Day) (Year)

AGE 80 yrs. 2 mos. 28 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS
NAME OF FATHER J. Beigold
BIRTHPLACE OF FATHER Weisdorf, Bavaria, Germany
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER S. Viemann
BIRTHPLACE OF MOTHER Foreign
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. Viemann

(ADDRESS) Brayto

Filed Dec. 1st, 1922 L. A. P. Meyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10/21, 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Chronic Int. Nephritis

(Duration) _____ yrs. 2 mos. _____ ds.

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

(Signed) Henry J. Berney M. D.
10/21, 1922 (Address) St. Thomas

*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 St. Thomas Cem DATE OF BURIAL 10/23, 1922

UNDERTAKER J. O. L. Walker ADDRESS St. Thomas

Original file, date 10/22, 1922 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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