

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 Wagoner ✓  
Township Jefferson  
or  
Village Adaptus  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 620 File No. 33663  
Primary Registration District No. 5822 Registered No. 15

FULL NAME Edna F. Ceder

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

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE married  
MARRIED WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH June 7 1899  
(Month) (Day) (Year)

AGE 73 yrs 3 mos 22 ds. -If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Druggist  
(b) General nature of industry, business, or establishment in which employed (or employer) Prop. Drug Store

BIRTHPLACE (City or town, State or foreign country) M<sup>c</sup> Connellsville, Ohio

PARENTS  
NAME OF FATHER John F. Ceder  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Vt  
MAIDEN NAME OF MOTHER Abigail Schuyler  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. Ceder  
(ADDRESS) Elmo Mo

Filed Oct 1 1912 J.P. Struckle  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 22 1912, to Sept 29 1912, that I last saw him alive on Sept 29 1912, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH\* was as follows:  
Cerebral Hemorrhage

(Duration) \_\_\_ yrs \_\_\_ mos \_\_\_ ds.  
Contributory Paralysis  
(Duration) \_\_\_ yrs \_\_\_ mos \_\_\_ ds.  
Signed J.P. Struckle M. D.  
Sept 30 1912 (Address) Elmo 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 1 yrs \_\_\_ mos \_\_\_ ds. In the 9 yrs \_\_\_ mos \_\_\_ ds. State  
Where was disease contracted if not at place of death? place of death  
Former or usual residence Ohio & Iowa

PLACE OF BURIAL OR REMOVAL Grant City DATE OF BURIAL Oct 2 1912  
UNDERTAKER Proctor & Graham ADDRESS Clyde 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*, *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, 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.)



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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Madison  
Township Jefferson  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 620 File No. 33663  
Primary Registration District No. 2822 Registered No. 15

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

FULL NAME Edna F. Alden

## PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 7, 1899  
(Month) (Day) (Year)

AGE 73 yrs. 3 mos. 22 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) McConnellsville Ohio

PARENTS  
NAME OF FATHER Chas. F. Alden  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ut.  
MAIDEN NAME OF MOTHER Abigail Scheyler  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) N.Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. J. Alden(ADDRESS) Elmo, Mo.Filed Oct 5 1912REGISTRAR Proctor & Graham

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 22, 1912, to Sept. 29, 1912, that I last saw him alive on Sept. 29, 1912, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH was as follows:

Cerebral hemorrhage  
as a result of  
Arterio Sclerosis

Contributory paralysis Amphibia  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Duration) \_\_\_ yrs. \_\_\_ mos. 7 ds.

(Signed) H. J. Stucke M. D.  
Sept. 30, 1912 (Address) Clyde, 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 Grant CityDATE OF BURIAL Oct. 2, 1912UNDERTAKER Proctor & GrahamADDRESS Clyde, Mo.

Original file, date \_\_\_\_\_, 19\_\_\_\_ All information called for must be written on this Supplementary Certificate.

WRITE PLAINLY, MARGIN RESERVED. THIS IS A PERMANENT RECORD.

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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 "Asthma," "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.)