

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 Scott ✓
 County Scott
 Township _____ Registration District No. _____ File No. 34991
 or Wardner, Mo. Primary Registration District No. 1157 Registered No. 2
 Village _____ or _____ City _____ (NO. 4389 St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Oleo Buatte

PERSONAL AND STATISTICAL PARTICULARS			3 MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Sept 21</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 6</u> , 191 <u>2</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Sept 14</u> , 191 <u>2</u> , to <u>Sept 21</u> , 191 <u>2</u> , that I last saw h <i>i</i> alive on <u>Sept 18</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>6</u> m.	
AGE _____ yrs. _____ mos. <u>15</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Spinal meningitis</u> <u>693</u>	
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Scott Co Mo</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>John Buatte</u>		(Signed) <u>A. G. Stepp</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Randolph Co, W. Va.</u>		(Address) <u>Wardner</u>	
	MAIDEN NAME OF MOTHER <u>Ellen Rodgers</u>		* 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) <u>Randolph Co, W. Va.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Buatte</u> (ADDRESS) <u>Wardner</u>			Where was disease contracted If not at place of death? _____ Former or usual residence _____	
Filed <u>Oct 23</u> 191 <u>2</u> <u>A. G. Stepp</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Coppenester Cemetery</u> DATE OF BURIAL <u>Sept 22</u> 191 <u>2</u> UNDERTAKER <u>John Buatte</u> ADDRESS <u>Wardner</u>	

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*, *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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PLACE OF DEATH
 County Scott
 Township _____
 or
 Village Vanduser
 or
 City _____ (NO. _____) St.: _____ Ward _____

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CERTIFICATE OF DEATH
 File No. _____
 Registration District No. 1157
 Primary Registration District No. 4589
 Registered No. _____

FULL NAME Cleo Ruatte

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>(Write the word)</u>
DATE OF BIRTH <u>Sept. 6</u> , 19 <u>12</u> (Month) (Day) (Year)		
AGE _____ yrs. _____ mos. <u>15</u> ds. or LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Scott Co. Mo.</u>		
PARENTS	NAME OF FATHER <u>John Ruatte</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Rockford Ill.</u>	
	MAIDEN NAME OF MOTHER <u>Ellen Rodgner</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Randolph Co. Ill.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 14, 1912, to Sept. 21, 1912, that I last saw him alive on Sept. 18, 1912, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:
Spinal meningitis
caused by spinal fever
due to Loeffler's condition
of Blood (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Malnutrition (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. L. Stepp M. D.
Sept. 22, 1912 (Address) Vanduser

*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 Carpenter Cem. DATE OF BURIAL Sept. 27, 1912

UNDERTAKER John Ruatte ADDRESS Vanduser

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Ruatte
 (ADDRESS) Vanduser

Filed Oct 23, 1912 by A. L. Stepp REGISTRAR

Original file, date OCT 23, 1912 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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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 carbonic 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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