

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 CassTownship Dwight

or

Village _____

or

City _____ (NO. _____ St.: _____ Ward)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 155-File No. 35547Primary Registration District No. 5218BRegistered No. 6FULL NAME Harvey Schrock

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)DATE OF BIRTH Nov 29, 1880
(Month) (Day) (Year)AGE 31 yrs. 11 mos. 15 ds. if LESS than 1 day, ___ hrs or ___ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Lumber(b) General nature of industry, business, or establishment in which employed (or employer) 1-57BIRTHPLACE
(City or town, State or foreign country) Cass Co Mo

PARENTS	NAME OF FATHER <u>Wm J Schrock</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Indiana</u>
	MAIDEN NAME OF MOTHER <u>Rachel Kross</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Canada</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm J Schrock(ADDRESS) Garden City MoFiled Nov 15, 1912 J. B. Brierly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov. 10 -, 1912, to Nov. 14 -, 1912, that I last saw him alive on Nov. 14, 1912 and that death occurred, on the date stated above, at 10 A m. The CAUSE OF DEATH* was as follows:

Peritonitis
12.2 B
12.9 (Duration) yrs. 11 mos. 4 ds.
Contributory Inulusionception,
(SECONDARY) (Duration) yrs. ___ mos. ___ ds.
(Signed) Frank B. Collins, M. D.
Nov 15, 1912 (Address) Garden City, 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

Leamport

DATE OF BURIAL

Nov-17, 1912

UNDERTAKER

W. H. Huffman

ADDRESS

G. O. Mo

607-1
3.1 28 1
11111

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 healthness of various pursuits can be known. The question applies to each and every person, irrespective of

For many occupations a single word or term on first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Mill 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-*

1912
25
1989

1992

... 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.)

James H. [unclear]

