

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 Gasconade
 Township Bonuff
 or
 Village _____
 or
 City _____ (NO. _____) (St. _____ Ward _____)

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 306 File No. 38943
 Primary Registration District No. 5424 Registered No. 10

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

FULL NAME Philippine Henriette Moritz

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widow</u>
DATE OF BIRTH <u>Feb 16</u> , 18 <u>76</u> (Month) (Day) (Year)		
AGE <u>66</u> yrs. <u>10</u> mos. <u>6</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

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

BIRTHPLACE

(City or town, State or foreign country) Germany

PARENTS

NAME OF FATHER

Henry SchmidtBIRTHPLACE OF FATHER
(City or town, State or foreign country)Germany

MAIDEN NAME OF MOTHER

MinnieBIRTHPLACE OF MOTHER
(City or town, State or foreign country)Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Simon Tappinger(ADDRESS) OvervilleFiled Dec 23 1912
Dr. Frederick Hufertside REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 9, 1912, to Dec 27, 1912, that I last saw her alive on Dec 18, 1912, and that death occurred, on the date stated above, at 9 P. M.
 The CAUSE OF DEATH* was as follows:

Coronary of Stomach
H.C.B.

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

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) Edwin Mellies M. D.Dec 24, 1912 (Address) Overville 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

McE cemetery Free church Dec 26, 1912

UNDERTAKER

Miss Helmhovener Drake Mo.

DATE OF BURIAL

ADDRESS

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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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 Gascoigne
Township Boeuf
Village _____
City _____ (NO. _____ St. _____ Ward _____)

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 306 File No. X
Primary Registration District No. 5424 Registered No. 10

FULL NAME Philippine Henriette Moritz

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Dec. 22, 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb. 16, 1846
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 9, 1912, to Dec. 22, 1912, that I last saw her alive on Dec. 18, 1912, and that death occurred, on the date stated above, at 9 P. m.

AGE 66 yrs. 10 mos. 6 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Carcinoma of stomach

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

BIRTHPLACE Lippe - G Detmold
(City or town, State or foreign country) Germany

(Duration) ___ yrs. ___ mos. ___ ds.
Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

PARENTS
NAME OF FATHER Henry Schmidt
BIRTHPLACE OF FATHER Sternberg Lippe
(City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Marianne Dieckhoff
BIRTHPLACE OF MOTHER Schepna Lippe
(City or town, State or foreign country) Germany

(Signed) Edw. Mellies M. D.
Dec. 24, 1912 (Address) Owensville Mo.

*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) Fritz Smith
(ADDRESS) Owensville

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 _____

Filed Dec 24, 1912 by Frederick Underhill REGISTRAR

PLACE OF BURIAL OR REMOVAL M. E. Cew - Zionsburg DATE OF BURIAL Dec. 25, 1912
UNDERTAKER Wm. Wehmoener ADDRESS Owensville 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

necessary to know (a) the nature of the business or industrial line is provided for use only when needed. Cotton mill; (a) Salesman, Automobile factory. The part of the second statement "Foreman," "Manager," precise specification, as Day

DR. F. AUF DER HEIDE,
 Corner of Gasconade Co.
DRAKE, MISSOURI
 Drake—Daily 8 to 10 A. M. and 6 to 7 P. M.
 Rose Bud—Tuesday and Friday, 12-1 P. M.

17687

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.)

ant, Cook, Housemaid, etc. If changed or given up on account of DEATH, state occupation at beginning of business, that fact *Farmer (retired, 6 yrs.)*. For occupation whatever, write *None*.

Statement of cause of death (the precise time and causation), accepted term for the same disease. Examples: *Serebrospinal 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;*

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