

DEATH RECORD

Detail supplied. AGE should be stated EXACTLY. PHYSICIANS should state what 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 Cass
Township Platt
or
Village
or
City (NO. _____ St. _____ Ward)

Registration District No. 167 File No. 4321
Primary Registration District No. 8019 Registered No. 21

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

FULL NAME Mary Ann Gebhart

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 3, 1841
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ 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) 9-0

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

NAME OF FATHER Joseph Kutz

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

MAIDEN NAME OF MOTHER Mary Shell

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louie Gebhart

(ADDRESS) Bolckow, Mo.

Filed Jan 3, 1913 Jno. F. Case
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
DATE OF DEATH Dec 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sep 10, 1912, to Dec 31, 1912, that I last saw her alive on Dec 31, 1912, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Pyremia. Passed by Peptic Ulcer

92.0
555
13 2/3
Contributory (SECONDARY) Valvular Lesion
(Duration) _____ yrs. _____ mos. _____ ds.
(Duration) 20 yrs. _____ mos. _____ ds.

(Signed) M. Peter M. D.
Jan 3, 1913 (Address) Whiteville, 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 _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Whiteville Cemetery DATE OF BURIAL Jan 2, 1913

UNDERTAKER W. L. & Y. E. Cole ADDRESS King City, 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*, *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," "Uræmia," "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.

N. B. - Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OCCUPATION if very important.

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 Andrew
Township Platt
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 15 File No. _____
Primary Registration District No. 5019 Registered No. 21

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

FULL NAME Mary Ann Gebhart

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED nd
(Write the word)

DATE OF BIRTH June 3, 1841
(Month) (Day) (Year)

AGE 87 1/2 yrs. 6 mos. 21 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 (City or town, State or foreign country) Ohio

PARENTS
NAME OF FATHER Joseph Gebhart
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
MAIDEN NAME OF MOTHER Margh Shell
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Louise Gebhart
(ADDRESS) Balekrow MO

Filed Jan 3, 1913 Geo F Case REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 30, 1912, to Dec 31, 1912, that I last saw him alive on Dec 31, 1912 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Uremia, caused by Pelvic Tumor.

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

Contributory (SECONDARY) valvular lesion
(Duration) 20 yrs. ___ mos. ___ ds.

(Signed) R. A. M. Peter M. D.
Jan 3, 1913 (Address) Whiteville 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 Whiteville Cem DATE OF BURIAL Jan 2, 1913
UNDERTAKER H. L. + G. E. Cole ADDRESS King City MO

Revised United States Standard Certificate of Death

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

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