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 Greene

Township ____ or Village ____ or City Springfield (NO. 1013 Erol St.; ____ Ward)

Registration District No. 318 File No. 01000

Primary Registration District No. 2001 Registered No. 38

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

FULL NAME Louise Fausch

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR OR RACE White | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

DATE OF BIRTH June (Month) 8 (Day), 1850 (Year)

AGE 63 yrs. ____ mos. ____ 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) ____

BIRTHPLACE (City or town, State or foreign country) Germany.

PARENTS
NAME OF FATHER Geo. Schwab.
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Dont Know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Allen.

(ADDRESS) Mt. Grove Mo.

Filed Jan 21, 1913. Wilbur Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 (Month) 21 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from 1-18, 1913, to 1-21, 1913, that I last saw him alive on 1-20, 1913, and that death occurred, on the date stated above, at 6 45 a m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(Duration) ____ yrs. 6 mos. ____ ds.

Contributory (SECONDARY) Chronic Gastritis

(Duration) 5 yrs. ____ mos. ____ ds.

(Signed) Ed Harris M. D.

1-21, 1913. (Address) 325 1/2 Bonnville

*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 Hazelwood | DATE OF BURIAL Jan 22 1913

UNDERTAKER Parson Mud Co | ADDRESS 410 Ranch.

...ited-States Standard Certificate of Death

[...r U. S. Census and American Public Health Association]

...t of occupation.—Precise statement of ...very important, so that the relative health-...ous pursuits can be known. The question ...h and every person, irrespective of age. ...upations a single word or term on the first ...fficient, e. g., *Farmer* or *Planter*, *Physician*, ...*ect*, *Locomotive engineer*, *Civil engineer*, ..., etc. But in many cases especially in ...nents, it is necessary to know (*a*) the ...also (*b*) the nature of the business or ...efore an additional line is provided for ...t; it should be used only when needed. ...*Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, ...*Foreman*, (*b*) *Automobile factory*. *The* ...n may form part of the second state-...rn "Laborer," "Foreman," "Manager," ...hout more precise specification, as *Day* ...*rer*, *Laborer—Coal mine*, etc. Women ...engaged in the duties of the household ...*sekeepers* who receive a definite salary), ...*Housewife*, *Housework*, or *At home*, and ...lly employed, as *At school* or *At home*. ...en to report specifically the occupations ..., in domestic service for wages, as *Ser-...aid*, etc. If the occupation has been ...p on account of the DISEASE CAUSING ...pation at beginning of illness. If re-...s, that fact may be indicated thus: ...*yrs.*). For persons who have no occu-...write *None*.

... cause of death.—Name, first, the ...EATH (the primary affection with re-... causation), using always the same ... the same disease. Examples: *Cere-*... only definite synonym is "Epidemic ...ingitis"); *Diphtheria* (avoid use of ... *fever* (never report "Typhoid pneu-...*eumonia; Bronchopneumonia* ("Pneu-...l, is indefinite); *Tuberculosis of lungs*, ...*um*, etc., *Carcinoma*, *Sarcoma*, etc. of ...origin; "Cancer" is less definite; avoid ...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 *septichaemia*," "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.)

MISSOUR County Missouri