

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 Ray  
 County Ray  
 Township \_\_\_\_\_  
 or Village \_\_\_\_\_  
 City Richmond (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_  
 Registration District No. 7th File No. 2446  
 Primary Registration District No. 3035 Registered No. 118  
 FULL NAME August Witzsche  
 (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>married</u> (Write the word)
DATE OF BIRTH <u>July 6</u> 18 <u>41</u> (Month) (Day) (Year)		
AGE <u>71</u> yrs. <u>6</u> mos. <u>14</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Shoe making</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>		
PARENTS	NAME OF FATHER <u>unknown</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	
	MAIDEN NAME OF MOTHER <u>unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>	

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Dec. 26 —, 1912, to Jan 21 at, 1913, that I last saw him alive on Jan 21st, 1913, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH\* was as follows:  
Phthisis Pulmonalis  
(Chronic of long duration)  
 (Duration) 10 yrs. 10 mos. — ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. J. Dierick M. D.  
1/22 1913 (Address) Richmond

\*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 Sunny Slope Cemetery DATE OF BURIAL Jan 23 1913  
 UNDERTAKER A. B. Courson ADDRESS Richmond

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) A. C. Witzsche  
 (ADDRESS) 4248 Del. St. No.  
 Filed Jan 22 1913 Geo. H. Hunt Deputy REGISTRAR

# 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*, *Sar-*

*coma*, etc., *heart disease*; *Chronic* less definite contributory (secondary neoplasms) it be stated unless-*ilar heart dis*ease causing death), contributory (secondary), 10 ds. Never not be stated (symptomatic), "Atrophy," (secondary), "Debility" ("Con- (merely symptomatic), "Exhaustion," "Heart (merely symptomatic), "Marasmus," "Old "Convulsio as the cause. Always "Dropsy," from childbirth or mis- "Uraemia," "haemia," "PUERPERAL "Uraemia," which surgical operation can be as, "PUERPERAL, SUICIDAL, or HOMICIDAL, impossible to determine State cause; *drowning*; *Struck by taken. Found of head—homicide; qualify as suicide. The nature probably and consequences (e. g., Examples under the head of "Con- train—acc statement of cause of Poisoned nomenclature of the ture of t quences ( head of ment of Nomencl:*

; "Cancer" is for malignant *Chronic valvul- hritis*, etc. The affection need : *Measles* (dis- *seumonia* (sec- mptoms or ter- a," "Anaemia" lapse," "Coma," "Senile," etc.), ire," "Haemor- age," "Shock," definite disease ways qualify all miscarriage, as *peritonitis*, etc. tion was under- OF INJURY and IOMICIDAL, or as rmine definitely. *ruck by railway head—homicide; suicide. The na- skull, and conse- : stated under the dations on state- by Committee on lical Association.)*