

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

4206

PLACE OF DEATH  
County Benton  
Township Williams or Village \_\_\_\_\_ or City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 59 File No. \_\_\_\_\_  
Primary Registration District No. 5094 Registered No. 7

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

FULL NAME Joseph C Altemüller

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	DATE OF DEATH <u>Feb 4</u> 19 <u>13</u> (Month) (Day) (Year)	
DATE OF BIRTH _____, _____, _____ (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at <u>7:00 a.m.</u>	
AGE <u>38</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH was as follows: <u>Crushed by Locomotive</u> <u>and suffocated by</u> <u>escaping steam</u> (Duration) <u>207 1/2</u> yrs. _____ mos. _____ ds. <u>207 1/2</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Locomotive Engineer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Mopac Ry Co</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. <u>207 1/2</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Franklin Co. Mo</u>			Signed) <u>J. P. Van Allen</u> M. D. <u>Feb 5</u> 19 <u>13</u> (Address) <u>Col Camp Mo</u>	
PARENTS	NAME OF FATHER <u>Geo. Henry Altemüller</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Johanna Altemüller</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>		PLACE OF BURIAL OR REMOVAL <u>Catholic Cemetery</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>R. H. Altemüller</u>			DATE OF BURIAL <u>Feb 7</u> 19 <u>13</u>	
(ADDRESS) <u>Sedalia Mo</u>			UNDERTAKER <u>McLaughlin Bros</u>	
Filed <u>Feb 5</u> 19 <u>13</u> <u>J. P. Van Allen</u> REGISTRAR			ADDRESS <u>Sedalia Mo</u>	

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.

# 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, peritonaeum*, 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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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 Benton  
 Township Williams  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 59 File No. \_\_\_\_\_  
 Primary Registration District No. 5094 Registered No. 7

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

FULL NAME Joseph C Attemüller

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF BIRTH X Jan 19 1874  
(Month) (Day) (Year)

AGE 39 IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
38 yrs. 0 mos. 15 ds.

OCCUPATION  
 (a) Trade, profession, or particular kind of work Locomotor Eng  
 (b) General nature of industry, business, or establishment in which employed (or employer) Mo Pac. R.R. Co.

BIRTHPLACE  
 (City or town, State or foreign country) Franklin Co. Mo

PARENTS  
 NAME OF FATHER Geo. Henry Attemüller  
 BIRTHPLACE OF FATHER Franklin Co. Mo  
(City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER Johanna Schmidt  
 BIRTHPLACE OF MOTHER Franklin Co. Mo  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) X Geo. Schattmiller  
 (ADDRESS) Redalia Mo

Filed Feb 8 1913 J. P. Van Allen  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 4 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1913, to \_\_\_\_\_, 1913, that I last saw h. alive on \_\_\_\_\_, 1913, and that death occurred, on the date stated above, at 7:20 a.m.

The CAUSE OF DEATH\* was as follows:  
Crushed by Locomotive and suffocated by escaping steam  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. Van Allen M. D.  
Feb 5 1913 (Address) Cole Camp

\*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 Catholic Cem DATE OF BURIAL Feb 7 1913  
 UNDERTAKER Nic Langhlin ADDRESS Redalia Mo

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