

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 Perry
Township Bull Branch
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 1128 File No. 10217
Primary Registration District No. 5879-A Registered No. 4

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

FULL NAME Carl Thomas Herkhour

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Aug 14</u> 1912 (Month) (Day) (Year)		
AGE <u>7</u> yrs. <u>3</u> mos. <u>3</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>✓</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>O-O</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Belgique Mo</u>		
PARENTS	NAME OF FATHER <u>James Herkhour</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Perry Co Mo</u>	
	MAIDEN NAME OF MOTHER <u>Amelia Van Vorst</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Perry Co Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 7 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 1st 1913 to 3/7/13
that I last saw him alive on 3/6/13, 1913,
and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Pneumonia
107 A
(Duration) ____ yrs. ____ mos. ____ ds.
Contributory Distention
(Secondary) (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) L. L. Eust M. D.
Mar. 7, 1913 (Address) Cambridge 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Herkhour
(ADDRESS) Belgique Mo

Filed Mar 7, 1913 Charles Moore REGISTRAR
By [Signature]

PLACE OF BURIAL OR REMOVAL Belgique Mo DATE OF BURIAL Mar. 8, 1913
UNDERTAKER Heilner Bros. ADDRESS Perryville 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 "Asithenia," "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.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS

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

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

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Perry Registration District No. 1128 File No. 11
 Township Boit or Village Boit Primary Registration District No. 5879a Registered No. 4
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Earl Thomas Kerkhove

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE Single MARRIED Single WIDOWED Single OR DIVORCED Single (Write the word)
 DATE OF BIRTH _____ (Month) Aug (Day) 1 (Year) 1913
 AGE _____ yrs. 7 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 BIRTHPLACE (City or town, State or foreign country) Belgium
 NAME OF FATHER James Kerkhove
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Perry Co Mo
 MAIDEN NAME OF MOTHER Angelia Van Woven
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Perry Co Mo

DATE OF DEATH (Month) July (Day) 7 (Year) 1913
 I HEREBY CERTIFY, that I attended deceased from _____, 1913, to _____, 1913, that I last saw him alive on July 6, 1913, and that death occurred, on the date stated above, at 5 a. m.
 The CAUSE OF DEATH* was as follows:
Pneumonia
Contributory Diphtheria
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) L. J. Galt M. D. (Address) Perryville 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) James Kerkhove
 (ADDRESS) Belgium Mo.
 Filed May 16 1913 C. Harley Moore REGISTRAR

PLACE OF BURIAL OR REMOVAL Belgium Mo DATE OF BURIAL Mar. 8 1913
 UNDERTAKER Moeller Bros Perryville Mo ADDRESS _____

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