

PLACE OF DEATH

County ShelbyTownship Bethel

or Village _____

City _____ (NO. _____)

Registration District No. 826Primary Registration District No. 6087File No. 15392Registered No. # 5

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

FULL NAME Bessie May Stiefel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)DATE OF BIRTH Feb 21, 1897
(Month) (Day) (Year)AGE 16 yrs. 1 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work at home 9-36
(b) General nature of industry, business, or establishment in which employed (or employer) house workBIRTHPLACE (City or town, State or foreign country) Knox Co MoPARENTS NAME OF FATHER Emanuel Stiefel BIRTHPLACE OF FATHER Germany MAIDEN NAME OF MOTHER Hettie Belle Miller BIRTHPLACE OF MOTHER Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emanuel Stiefel(ADDRESS) Epworth Mo 190Filed Apr 9, 1913 L L Smith REGISTRARMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH3 MEDICAL CERTIFICATE OF DEATHDATE OF DEATH March 29, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from March 12, 1913, to March 28, 1913,
that I last saw her alive on March 28, 1913,
and that death occurred, on the date stated above, at 10:00 am.
The CAUSE OF DEATH* was as follows:acute meningitis
10113
7912
Mo
(Duration) ___ yrs. ___ mos. 17 ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) E. N. Leonard M. D.
March 27, 1913. (Address) Leonard 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 REMAINS Pleasant Prairie DATE OF BURIAL March 30, 1913UNDERTAKER Jno Brothers ADDRESS Bethel Mo

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*, *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*, *peritonaeum*, 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," "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.)

MISSOURI STATE BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

PLACE OF DEATH

County Shelby
 Township Bechel
 or
 Village
 or
 City (NO. _____) St. _____ Ward _____

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

Registration District No. 826 File No. _____
 Primary Registration District No. 6087 Registered No. 5

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

FULL NAME

Bessie May Stiefel

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE S MARRIED S WIDOWED S OR DIVORCED S
(Write the word)

DATE OF BIRTH Feb. 21, 1897
(Month) (Day) (Year)

AGE Satisfactory Information Supplied
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) housework

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

PARENTS
 NAME OF FATHER Emanuel Stiefel
 BIRTHPLACE OF FATHER Germany
 MAIDEN NAME OF MOTHER Belle Miller
 BIRTHPLACE OF MOTHER Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Emanuel Stiefel
 (ADDRESS) Epworth Mo.

Filed Apr 9 1913 R. P. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 12, 1913, to March 28, 1913, that I last saw her alive on March 4, 1913, and that death occurred, on the date stated above, at 10:55 a.m.

The CAUSE OF DEATH* was as follows:
Acute Meningitis
infection from spinal
business, not epidemic
 (Duration) ___ yrs. ___ mos. 17 ds.

Contributory Expansion
(SECONDARY)
 (Duration) ___ yrs. ___ mos. ___ ds.
 (Signed) E. V. Gerard M. D.
 (Address) Leonard 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 REGENT RESIDENTS)
 At place of death ___ yrs. ___ mos. ___ ds. State ___ yrs. ___ mos. ___ ds.
 Where was disease contracted Satisfactory Information Supplied.
 If not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Plains, Mo. DATE OF BURIAL Mar 30, 1913
 UNDERTAKER Satisfactory Information ADDRESS Bechel Mo.
Brother

S.S. and be stated EXACTLY. PHYSICIANS should state exactly classified. Exact statement of OCCUPATION is very important

SUPPLEMENTARY INFORMATION

Revised United States Standard Certificate of Death

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

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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 *septicæmia*," "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.)

(5392