

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

PLACE OF DEATH

County Marion
Township Stabans
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 5-50
Primary Registration District No. 5743

File No. 23521
Registered No. 10

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

FULL NAME John Schantz

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH Aug 22 Aug 22 1857
(Month) (Day) (Year)
AGE 62 yrs. 10 mos. 23 ds. IF LESS than 1 day, hrs. or min.?
OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 14 11

DATE OF DEATH July 15 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 11, 1913, to July 15, 1913, that I last saw him June 15, 1913, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of throat
45+

BIRTHPLACE (City or town, State or foreign country) Germany
PARENTS
NAME OF FATHER John Schantz
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Don't know
BIRTHPLACE OF MOTHER 1. 1.

Contributory (SECONDARY) None
(Duration) yrs. mos. ds. 6. mos. ds.
(Signed) C. T. Glahn M. D.
July 16, 1913 (Address) Palmyra

*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)

(ADDRESS) John Schantz
Filed July 16, 1913, J. B. McPhee REGISTRAR

PLACE OF BURIAL OR REMOVAL Palmyra DATE OF BURIAL July 17, 1913
UNDERTAKER Palmyra ADDRESS Palmyra

No. 1- Every item of information furnished on this form should state CAUSE OF DEATH in plain text. This 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, 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 BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County Marion
 Township Fabius
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

Registration District No. 550 File No. ✓
 Primary Registration District No. 5743 Registered No. 10

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

FULL NAME

John Schanty

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OF RACE <u>White</u>	MARRIAGE STATUS <u>Married</u>
DATE OF BIRTH <u>Aug 22, 1857</u>	AGE <u>62 yrs. 10 mos. 23 days</u>	
OCCUPATION <u>Farmer</u>	BIRTHPLACE <u>Germany</u>	
PARENTS		
NAME OF FATHER <u>John Schanty</u>		
BIRTHPLACE OF FATHER <u>Germany</u>		
MAIDEN NAME OF MOTHER <u>S. Hunt</u>		
BIRTHPLACE OF MOTHER <u>Don't know</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 16, 1913,
 that I last saw him alive on July 15, 1913,
 and that death occurred, on the date stated above, at Palmyra Mo.

The CAUSE OF DEATH* was as follows:
Throat Cancer of Heart

(Duration) 9 yrs. 4 mos. 0 ds.

Contributory Age
 (Duration) 9 yrs. 4 mos. 0 ds.

(Signed) C. P. Bishop M. D.
July 16, 1913 (Address) Palmyra Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) X John Schanty
 (ADDRESS) Palmyra Mo.

Filed July 16, 1913 by J. B. McPike
 REGISTRAR

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
Palmyra Mo.

DATE OF BURIAL
July 17, 1913

UNDERTAKER
Quest & Son Palmyra Mo.

Give item of informant should be carefully supplied. AGE should be carefully classified. CAUSE OF DEATH in plain language, so far as it may be properly classified. PHYSICIANS' and other important.

Revised United States Standard Certificate of Death

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

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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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