

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

27592

PLACE OF DEATH
 County St. Genevieve
 Township " " " "
 or
 Village " " " "
 or
 City St. Genevieve (NO. _____ St.; _____ Ward)

Registration District No. 780 File No. _____
 Primary Registration District No. 4466 Registered No. 29

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

FULL NAME Frederick Burch

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (If <u>At</u> the word)
DATE OF BIRTH <u>June 21</u> , 18 <u>79</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>1</u> mos. <u>28</u> ds.		if LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farming</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Kaskaskia Ill.</u>		
PARENTS	NAME OF FATHER <u>John H. Burch</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Redbut Ill.</u>	
	MAIDEN NAME OF MOTHER <u>Elen Donovan</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Worcester, Mass.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Aug - 19, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 19-, 1913, to Aug 19-, 1913, that I last saw him alive on Aug - 19 -, 1913, and that death occurred, on the date stated above, at 5:15 A.

The CAUSE OF DEATH* was as follows:

Stomach

(Duration) ___ yrs. ___ mos. 7 mos. Throm

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

(Signed) R. W. Lanning - M. D.
Aug - 19 - 1913 (Address) St. Genevieve, 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 REMOVAL Stall Spring Cem. DATE OF BURIAL Aug 20 - 1913

UNDERTAKER John Basler St. Genevieve, Mo. ADDRESS _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H. Burch
 (ADDRESS) St. Genevieve

Filed Aug 29 1913 Asst. Reg. M.D.
 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, 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, 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 "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mafasmus," "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.)

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 St. Genevieve Registration District No. 780 File No. _____
 Township _____ or Village St. Genevieve Primary Registration District No. 4466 Registered No. 29
 (City) _____ (NO.) _____ St. _____ Ward _____

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

FULL NAME Portnerich Busch

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W. SINGLE Married
 MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Aug-19-1913
 (Month) (Day) (Year)

DATE OF BIRTH June 21, 1879
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 19, 1913, to Aug 19, 1913, that I last saw alive on Aug 19, 1913 and that death occurred, on the date stated above, at 7:00 P.M.

AGE 34 yrs. 1 mos. 28 days
 IF LESS than 1 day, hrs. min.

The CAUSE OF DEATH* was as follows:
Stab wound of Abdomen

OCCUPATION (a) Trade, profession, or particular kind of work Former Farmer
 (b) General nature of Industry, business, or establishment in which employed (or employer) Farmer

BIRTHPLACE (City or town, State or foreign country) Kuskuskoobee

Contributory Caused by acid fat stab wound
 (Duration) _____ yrs. _____ mos. _____ ds.

PARENTS NAME OF FATHER John H. Busch

BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Genevieve, Mo.

MAIDEN NAME OF MOTHER Ellen Doucette

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Becketa, Mo.

(Signed) R. W. Lanning M.D.
8-19-1913 (Address) St. Genevieve, 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) John H. Busch

(ADDRESS) St. Genevieve, Mo.

PLACE OF BURIAL OR REMOVAL Valley Spring Cem DATE OF BURIAL Aug 20, 1913

Filed Aug 19, 1913 REGISTRAR

UNDERTAKER John Roeder ADDRESS St. Genevieve, Mo.

Original file, date AUG 19 1913 All information called for must be written on this Supplementary Certificate.

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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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