

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

PLACE OF DEATH

County Livingston  
Township \_\_\_\_\_  
or  
Village Moonesville, Mo.  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward).

Registration District No. 570 File No. 39417  
Primary Registration District No. 4370 Registered No. 15

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

FULL NAME Abram Wortendyke

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED widower WIDOWED OR DIVORCED (If write the word)

DATE OF DEATH December - 29<sup>th</sup> 1914  
(Month) (Day) (Year)

DATE OF BIRTH June - 6 - 1831  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec - 10 - 1914, to Dec - 29, 1914, that I last saw him alive on December - 29, 1914, and that death occurred, on the date stated above, at 3 a.m.

AGE 83 yrs. 6 mos. 23 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ mln.?

The CAUSE OF DEATH\* was as follows:  
Valvular Heart Disease  
and paralysis  
92A

OCCUPATION (a) Trade, profession, or particular kind of work Retired druggist  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

82 B (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory Spinal Injury (SECONDARY) (Duration) 52 yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Bradford Co. Penn.

(Signed) E. B. Kessler M. D.  
1230 1914 (Address) Moonesville, Mo.

NAME OF FATHER Abram Wortendyke

BIRTHPLACE OF FATHER (City or town, State or foreign country) Sussex Co. N.J.

MAIDEN NAME OF MOTHER Rachel Doremus

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

\* 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Miss Eric B Wortendyke  
(ADDRESS) Moonesville Mo.

Where was disease contracted If not at place of death?  
Former or usual residence \_\_\_\_\_

Filed Dec 30 1914 C. W. Patton M.D. REGISTRAR

PLACE OF BURIAL OR REMOVAL Moonesville Cemetery DATE OF BURIAL 12/30 1914  
UNDERTAKER John Houghton ADDRESS Hainesville 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*, *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," "Ignition," "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  
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CERTIFICATE OF DEATH

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

PLACE OF DEATH  
County Linn  
Township \_\_\_\_\_  
or  
Village Moonsville  
or  
City \_\_\_\_\_

Registration District No. 510 File No. \_\_\_\_\_  
Primary Registration District No. 4310 Registered No. 15

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

FULL NAME Abraam Waterdyke

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH See 29 1914  
(Month) (Day) (Year)

DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from  
Satisfactory Information Supplied, 1914,  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 1914,

AGE \_\_\_\_\_  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

and that death occurred, on the date stated above, at 3 A m.  
The CAUSE OF DEATH\* was as follows:

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Valvular Heart Dis. and Paralysis  
79

BIRTHPLACE  
(City or town, State or foreign country) \_\_\_\_\_

Unknown (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER \_\_\_\_\_

Contributory Spinal Injury  
(SECONDARY) caused by fall  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE OF FATHER  
(City or town, State or foreign country) \_\_\_\_\_

(Signed) E. B. Kessler M. D.  
11/30 1914 (Address) Moonsville Mo.

MAIDEN NAME OF MOTHER \_\_\_\_\_

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country) \_\_\_\_\_

\*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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

When was disease contracted \_\_\_\_\_  
If not at place of death? \_\_\_\_\_

(Informant) \_\_\_\_\_

Former or usual residence \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_  
\_\_\_\_\_ 1914

Filed 11/30 1914 E. B. Kessler  
REGISTRAR

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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39417  
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