

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

PLACE OF DEATH
 County Jackson
 Township Lawn Registration District No. 399 File No. 4826
 or
 Village _____ Primary Registration District No. 1002 Registered No. 543
 or
 City Amurthy (NO. Swedish St. St. _____ Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Olaf Lofgren

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE Wh. SINGLE Don't Know
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH Don't Know
 (Month) (Day) (Year)

AGE 44 yrs. _____ mos. _____ ds. IF LESS than
 1 day, _____ hrs.
 or _____ min.?

OCCUPATION Night Watchman
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) Gov. Flat at Richmond Mo

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

PARENTS
 NAME OF FATHER Don't Know
 BIRTHPLACE OF FATHER Don't Know
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Don't Know
 BIRTHPLACE OF MOTHER Don't Know
 (City or town, State or foreign country)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 18 1915
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 4th, 1915, Jan 5, 1915,
 that I last saw him alive on Jan 8, 1915,
 and that death occurred, on the date stated above, at 9:45 m.

The CAUSE OF DEATH* was as follows:
91A myocardial
87B embolism
60

(Duration) _____ yrs. _____ mos. _____ ds.
 Contributory Coronary embolism
 (SECONDARY) (Duration) _____ yrs. _____ mos. 13 ds.

(Signed) Justachery M. D.
7-12th 1915 (Address) 7-1 Postrop Bldg.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. D. Lindsey
 (ADDRESS) K. C. Mo.
 FEB 14 1915
 Filed _____ 1915 W. S. Wheeler REGISTRAR

*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. 1 mos. 4 ds. In the State _____ yrs. 1 mos. 4 ds.
 Where was disease contracted
 If not at place of death? _____
 Former or usual residence Richmond Mo.

PLACE OF BURIAL OR REMOVAL Union Cem DATE OF BURIAL Feb. 14, 1915
 UNDERTAKER R. V. Lindsey ADDRESS 424 Westport

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*, *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," "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.)