

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

PLACE OF DEATH

County Sopwith
Township Shaver
or
Village
or
City Corder (NO. _____ St. _____ Ward _____)

Registration District No. 488^c File No. 9100

Primary Registration District No. 0223a Registered No. 22

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

FULL NAME J. D. Zentmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH Oct 14, 1884
(Month) (Day) (Year)

AGE 60 yrs. 5 mos. 7 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) Farming

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

PARENTS
NAME OF FATHER Jacob Zentmeyer
BIRTHPLACE OF FATHER (City or town, State or foreign country) Maryland
MAIDEN NAME OF MOTHER Mary Thomas
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. D. Zentmeyer
(ADDRESS) Corder

Filed Mar 22, 1915 C. M. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 21, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct, 1914, to March 21, 1915, that I last saw him alive on March 21, 1915, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Valvular Disease of Heart with Aortic Regurgitation

924
10610 (Duration) 2 yrs. ___ mos. ___ ds.
Contributory Chronic Bronchitis
(Secondary) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Leah Carpenter M. D.
Mar 22, 1915 (Address) Corder 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 30 yrs. ___ mos. ___ ds. In the 30 yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence Maryland

PLACE OF BURIAL OR REMOVAL Corder Mo DATE OF BURIAL Mar 23, 1915

UNDERTAKER Abel Heppner & Co. ADDRESS

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.

Certificate

Statement of occupation.—Precise occupation is very important, so that healthfulness of various pursuits can be question applies to each and every person of age. For many occupations a single on the first line will be sufficient, e. g. *Planter, Physician, Compositor, Architect, engineer, Civil engineer, Stationary fireman* in many cases, especially in industrial it is necessary to know (a) the kind of (b) the nature of the business or industry. Before an additional line is provided for statement; it should be used only when

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 "Asthemia," "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.)