

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

24261
24251

1 PLACE OF DEATH

County Christian
Township Tracy
or
Village
or
City Ozark

Registration District No. 184 File No. _____

Primary Registration District No. 4115 Registered No. 30

(NO. Young Sanitarium Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Noah Holstien

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH February 25th 1900
(Month) (Day) (Year)

7 AGE 14 yrs. 4 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. School boy. (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Christian Co. Mo.

PARENTS
10 NAME OF FATHER Dave Holstien
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Christian Co. Mo.
12 MAIDEN NAME OF MOTHER Ida Tannis
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Christian Co. Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Ida Holstien
(Address) Ozark, Mo.

15 Filed 8/7 1915 J. W. Bruton
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 13th 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 30, 1915, to June 13, 1915, that I last saw him alive on June 13, 1915, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:
Osteo Myelitis
154
155 B
117
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____
(Duration) yrs. mos. ds.
(Signed) J. C. Young M. D.
6/14 1915 (Address) Ozark, Mo.

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

18 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 _____

19 PLACE OF BURIAL OR REMOVAL Chaadain Cem. DATE OF BURIAL June 13, 1915

20 UNDERTAKER Ozark Merc. Co. ADDRESS Ozark, Mo.

Be carefully supplied. Exact statement of OCCURRENCE 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*," "*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.)

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
Christiana

County

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

Township

Registration District No. *184*

File No.

Village

Primary Registration District No. *4110*

Registered No. *30*

City

St. () Ward ()

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

2 FULL NAME

Noah Holstien

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>M.</i>	4 COLOR OR RACE <i>N.</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>S.</i>
6 DATE OF BIRTH Satisfactory Information Supplied		
7 AGE Satisfactory Information Supplied		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Satisfactory Information Supplied		
9 BIRTHPLACE (City or town, State or foreign country)		
PARENTS	10 NAME OF FATHER	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
June 13, 191*6*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Satisfactory Information Supplied*, 191*6*, to *Satisfactory Information Supplied*, 191*6*, and that death occurred, on the date stated above, at *Satisfactory Information Supplied* m.

The CAUSE OF DEATH* was as follows:
Peritonitis

(Duration) *117* yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) *6-14* yrs. mos. ds.

(Signed) *J. C. Young* M. D.
(Address) *Park Mo.*

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death *6-14* yrs. mos. ds. In the State *Mo.* yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Satisfactory Information Supplied, 191*6*

20 UNDERTAKER ADDRESS
Satisfactory Information Supplied

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Satisfactory Information Supplied*
(Address) *Satisfactory Information Supplied*

15 Filed *Aug. 7*, 191*6* *J. W. Britton*
Registrar

Original file, date *1915* 19

All information called for must be written on this Supplementary Certificate.

WITH U. N. B.—Every item of information 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.

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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1922
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), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthena," "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 septichaemia," "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.)