

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

PLACE OF DEATH
County Gasconade
Township Boeuf or
Village _____ or
City _____ (NO. _____ St. _____ Ward) _____

Registration District No. 306 File No. 33372
Primary Registration District No. 5424 Registered No. 8

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

FULL NAME Joseph Gaupp

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>January 5, 1852</u> (Month) (Day) (Year)		
AGE <u>62</u> yrs. <u>10</u> mos. <u>11</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Cook County Illinois</u>		
PARENTS	NAME OF FATHER <u>Denis Gaupp</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) _____	
	MAIDEN NAME OF MOTHER <u>Christina Heitzmann</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wittenberg Germany</u>	

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 6, 1915, to Nov 16, 1915, that I last saw him alive on Nov 15, 1915, and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:
Blood Poison

1915
96 (Duration) _____ yrs. _____ mos. 11 ds.

Contributory accidental injury
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) John Englbret M. D.
Nov 11, 1915 (Address) Stony Hill, 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 60 yrs. _____ mos. _____ ds. In the 60 yrs. _____ mos. _____ ds. State _____

Where was disease contracted if not at place of death? at place of death

Former or usual residence Some P. in State of Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lizzie Schroeder
(ADDRESS) Road No. R.F.D. #1

PLACE OF BURIAL OR REMOVAL <u>St. James Cemetery</u>	DATE OF BURIAL <u>Nov 18, 1915</u>
UNDERTAKER <u>Fred Ottmann</u>	ADDRESS <u>Sheridan, Mo.</u>

Filed Nov 20, 1915
Dr. Frederick Sufferstein REGISTRAR

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.

WAXED PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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

1 PLACE OF DEATH
County Gasconade
Township Greene
Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 306 File No. _____
Primary Registration District No. 5424 Registered No. 8

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

2 FULL NAME Joseph Gaupp

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word)

6 DATE OF BIRTH Jan. 5 1852
(Month) (Day) (Year)

7 AGE 62 yrs. 10 mos. 11 ds. IF LESS than 1 day...hrs. or...min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry business, or establishment in which employed (to employer) Tillman's

9 BIRTHPLACE (City or town, State or foreign country) Scott County Illinois

PARENTS

10 NAME OF FATHER Daniel Gaupp

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Reidels Bach Germany

12 MAIDEN NAME OF MOTHER Christine Steyer

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wittenberg Germany

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 16 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 16 1915 to Nov 16 1915, that I last saw him alive on Nov 15 1915 and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:
Blood poison caused by splinter of wood run in thumb
18 Accidental Injury

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) _____ yrs. _____ mos. _____ ds.

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? At place of death

Former or usual residence Scott County Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Elizabeth Schroeder
(Address) Pureland Mo. R.F.D.#1

15 Nov 30 1915
Fredrich Aufderheide Registrar

19 PLACE OF BURIAL OR REMOVAL St James Cemetery DATE OF BURIAL Nov 18 1915

20 UNDERTAKER Fred Ottmann ADDRESS Gerald Mo.

Revised United States Standard Certificate of Death

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

33372

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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 inter-current) 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 "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.)