

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

1 PLACE OF DEATH

County St. Francois

Township " or "

Village Flat River Mo or Flat River Mo City (NO)

Registration District No. 774

File No. 3188

Primary Registration District No. 4405

Registered No. 9

St. " Ward "

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

2 FULL NAME Oscar Rouquier

PERSONAL AND STATISTICAL PARTICULARS

7) MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Jan 19 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Sep 27 1850
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 17 1916 to Jan 18 1916 that I last saw him alive on Jan 18 1916 and that death occurred, on the date stated above, at 8 am m.

7 AGE 66 yrs. 3 mos. 19 ds. If LESS than 1 day.....hrs. or.....min.?

The CAUSE OF DEATH* was as follows:

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

11A Pneumonia
105
(Duration) 1 yrs. 0 mos. 0 ds.

9 BIRTHPLACE (City or town, State or foreign country) Germany

CONTRIBUTORY (Secondary) Legionne
(Signed) J. L. Kerk M. D.
Jan 20 1916 (Address) Flat River

10 NAME OF FATHER Antoine Rouvier

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Antoine Rouvier

12 MAIDEN NAME OF MOTHER Antoine Rouvier

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Antoine Rouvier

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Paul Rouquier (Address) Elvins Mo

*State the Disease Causing Death, or, in 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.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

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

Former or usual residence.....

15 Filed Jan 19 1916 Dr. Jopping Registrar

19 PLACE OF BURIAL OR REMOVAL Cal P. Cemetery St. Francois DATE OF BURIAL Jan 20 1916

20 UNDERTAKER Henry Rinker ADDRESS Flat River 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, 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) *Colton 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.)

N. B.—Every item of information should be carefully supplied. A statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH

County St. Francois

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

CERTIFICATE OF DEATH

Township _____
or _____
Village _____
or _____
City Flat River (NO. _____ St. _____ Ward _____)

Registration District No. 174 File No. _____

Primary Registration District No. 44 65 Registered No. 9

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

2 FULL NAME Oscar Roques

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Jan. 19, 1916
(Month) (Day) (Year)

6 DATE OF BIRTH _____ (Month) _____ (Day) 1 _____ (Year)

17 I HEREBY CERTIFY, that I attended deceased from _____ 1911 to _____ 1911.

7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. (or) _____ min.?

that last saw h. _____ alive on _____ 1911 and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

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

Lobar Pneumonia

9 BIRTHPLACE (City or town, State or foreign country) _____

CONTRIBUTOR (Secondary) La Grippe (Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER _____

(Signed) F. L. Keefe M. D. (Duration) _____ yrs. _____ mos. _____ ds.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) _____

Mar 2, 1916 (Address) Flat River

12 MAIDEN NAME OF MOTHER _____

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

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____

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 _____

15 Filed Jan 19, 1916 W. J. Topping Registrar

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 1911
20 UNDERTAKER _____ ADDRESS _____

Supplementary Information Submitted

Revised United States Standard Certificate of Death

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

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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 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 "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.)