

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

PLACE OF DEATH Johnson
County Moore
Township _____ or Village _____
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 438 File No. 14984
Primary Registration District No. 559A Registered No. _____

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

FULL NAME William F. Bastian

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> <small>(Write the word)</small> |
| DATE OF BIRTH <u>Oct 15, 1848</u> <small>(Month) (Day) (Year)</small> | | |
| AGE <u>67</u> yrs. <u>5</u> mos. <u>14</u> ds. <small>if LESS than 1 day, ___ hrs. or ___ min.?</small> | | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General Farming</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Germany</u> | | |
| PARENTS | NAME OF FATHER <u>Unknown</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u> | |
| | MAIDEN NAME OF MOTHER <u>Unknown</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 29th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 27, 1916, to March 29, 1916, that I last saw him alive on March 29th, 1916, and that death occurred, on the date stated above, at 3 p.m.
The CAUSE OF DEATH* was as follows:

Acute- Bronchitis
106A (Duration) _____ yrs. _____ mos. 3 ds.

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

(Signed) R. Oetting M. D.
March 30, 1916 (Address) Concordia 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 _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. D. Bastian
(ADDRESS) Concordia Mo

Filed _____, 191_____

REGISTRAR

PLACE OF BURIAL OR REMOVAL Methodist Cem. DATE OF BURIAL Nov. 31, 1916

UNDERTAKER H. Schlopper ADDRESS Concordia Mo

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, 8 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.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated EXACTLY. DECEASED should state EXACTLY. AGE should be properly classified. Exact statement of OCCUPATION should be stated EXACTLY. DECEASED should state EXACTLY. DECEASED should state EXACTLY.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Johnson
Township Grover
Village
City

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

Registration District No. H 38 File No. 14984
Primary Registration District No. 6595 Registered No.

2 FULL NAME

William F Bastian

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3 SEX <u>M</u> | 4 COLOR OR RACE <u>W</u> | 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u> |
| 6 DATE OF BIRTH <u>Oct 15 1848</u> (Month) (Day) (Year) | | |
| 7 AGE <u>67 yrs 5 mos 14 ds</u> | | If LESS than 1 day, hrs. or min.? |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer General Farming</u> (b) General nature of industry business, or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (City or town, State or foreign country) <u>Germany</u> | | |
| PARENTS | 10 NAME OF FATHER <u>Unknown</u> | 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u> |
| | 12 MAIDEN NAME OF MOTHER <u>Unknown</u> | 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u> |

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Mar 29 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 3-29-1916 to 3-29-1916, that I last saw him alive on 3-29-1916 and that death occurred, on the date stated above, at 3p m.

The CAUSE OF DEATH* was as follows:
Acute Bronchitis

(Duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary)

(Signed) O. Jettings M. D.
3-30-1916 (Address) Concordia 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.....

| | |
|--|--------------------------------------|
| 19 PLACE OF BURIAL OR REMOVAL <u>Methodist Cem.</u> | DATE OF BURIAL <u>Mar 31 1916</u> |
| 20 UNDERTAKER <u>H. W. Schlopper</u> | ADDRESS <u>Concordia Mo</u> |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm F Bastian
(Address) Concordia Mo.

15 Filed Mar 16 1916 Registrar Thomas S. Tyle

Original file, date 1916, 19.....

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

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, 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), 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.)