

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

1 PLACE OF DEATH

County Buchanan

Township St. Joseph

or St. Joseph

Village St. Joseph

or St. Joseph

City St. Joseph

Registration District No. 85

File No. 23756

Primary Registration District No. 1001

Registered No. 821

(NO. None Hospital None St. None Ward)

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

2 FULL NAME Monsieura Breniger

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

16 DATE OF DEATH July 26 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Oct 22 1884
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 23 1916 to July 26 1916, that I last saw her alive on July 26 1916 and that death occurred, on the date stated above, at 11:30 p.m.

7 AGE 31 yrs. 9 mos. 4 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Sabotemy - Cholera toxin
Coffin toxin
acute Endocarditis
(Duration) 11 hrs. 5 mos. 3 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife 55 91A
(b) General nature of industry business, or establishment in which employed (or employer) 127A

CONTRIBUTORY (Secondary) acute Endocarditis
(Duration) 6 yrs. 6 mos. 3 ds.

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

(Signed) Dr. Schmeid M. D.
July 26 1916 (Address) St. Joseph Mo

10 NAME OF FATHER Melvin Evans

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

12 MAIDEN NAME OF MOTHER Monsieura Benscoter

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 0 yrs. 0 mos. 3 ds. In the 5 yrs. 3 mos. 3 ds.
Where was disease contracted if not at place of death? David City Iowa
Former or usual residence David City Iowa

(Informant) Osie Breniger
(Address) David City Iowa

19 PLACE OF BURIAL OR REMOVAL David City Iowa DATE OF BURIAL July 27 1916

15 Filed July 26 1916 W. E. Harrington Registrar

20 UNDERTAKER W. E. Harrington ADDRESS 824 Felix

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain text. CAUSE OF DEATH in plain text. 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) *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*—etc. Women at home, who are engaged only of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, usually employed, as *At school* or *At home*, should be taken to report specifically the occupations of persons engaged in domestic service for *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.)

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write None
State the DISEASE
with respect