

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

1 PLACE OF DEATH

County Dunklin
Township Independence Registration District No. 288 File No. 24076
or
Village Primary Registration District No. 3406 Registered No. 79
or
City (NO. St. Ward)

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

2 FULL NAME Edwin Gliter Eerland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDDED OR DIVORCED <u>Single</u> (Write the word)
6 DATE OF BIRTH <u>About 896</u> (Month) (Day) (Year)		
7 AGE <u>17 yrs. 6 mos. 16 ds.</u>		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Labourer</u> (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Cumberland Co Ill</u>		
PARENTS	10 NAME OF FATHER <u>George Eerland</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Clark Co Ill</u>	
	12 MAIDEN NAME OF MOTHER <u>Minnie Bell</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Edgar Co Ill</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 18
(Month) (Year)

17 I HEREBY CERTIFY, that I attended the deceased from July 4, 1916, to July 18, 1916, that I last saw him alive on July 18, 1916, and that death occurred, on the date above, at 11:30 a.m.

The CAUSE OF DEATH* was Peritonitis

129 48 hours
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intest. furr.
(Signed) [Signature] M. D.
July 19, 1916 (Address) [Address]

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residence)
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.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. Eerland
(Address) Kennett Mo

15 Filed July 19, 1916 [Signature]
Registrar

19 PLACE OF BURIAL OR REMOVAL Liberty DATE OF BURIAL July 19, 1916
20 UNDERTAKER A C L... ADDRESS Kennett 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, 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, DISEASE CAUSING DEATH (the primary affection, respect to time and causation), using always the accepted term for the same disease. Examples: *Acute cerebrospinal meningitis* (the only definite synonym for epidemic cerebrospinal meningitis); *Diphtheria* (never use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Sarcoma*, etc., of (name origin of tumor 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 in the contributory statement. (For nomenclature on statement of death, see *Contributions on Nomenclature of Diseases*, Medical Association.)