

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

25296

1 PLACE OF DEATH
County Osage
Township Dunn
or
Village House Creek Mo
or
City (NO. St. Ward)

Registration District No. 644 File No.
Primary Registration District No. 5853 Registered No. 3

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

2 FULL NAME Michel Schmitz

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>July 11 1916</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>June 24 1842</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>October 16 1914</u> to <u>July 10 1916</u> , that I last saw him alive on <u>July 10 1916</u> , and that death occurred, on the date stated above, at <u>8:20 a.m.</u>	
7 AGE <u>74</u> yrs. <u>1</u> mos. <u>17</u> ds.		If LESS than 1 day.....hrs. or.....min.?	The CAUSE OF DEATH* was as follows: <u>Nephritis</u>	
8 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>Farmer</u>			131 (Duration) <u>2</u> yrs. <u>9</u> mos. ds.	
9 BIRTHPLACE (City or town, State or foreign country) <u>Germany</u>			CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>Mathias Schmitz</u>	(Signed) <u>St Vincent M. Ghrous M. D.</u> <u>July 11 1916</u> (Address) <u>Dunn Mo.</u>		
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
	12 MAIDEN NAME OF MOTHER <u>Don't know</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.		
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>			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) <u>Mathias M. Ghrous</u> (Address) <u>House Creek Mo.</u>				
15 Filed <u>July 12 1916</u> <u>John M. Satt</u> Registrar			19 PLACE OF BURIAL OR REMOVAL <u>House Creek Mo</u>	
			20 UNDERTAKER <u>Wm. Heinen</u>	
			DATE OF BURIAL <u>July 12 1916</u>	
			ADDRESS <u>House Creek Mo</u>	

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, 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, 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), *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 septichaemia," "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.)

1 PLACE OF DEATH

County

Osage
High

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

Registration District No.

644
5853

File No.

Registered No.

3

Township
or

Village
or

City

(NO)

St.

Ward)

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

2 FULL NAME

Michel Schmitz

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE If LESS than 1 day, hrs. or min. yrs. mos. ds.

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

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

PARENTS 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE STATE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

15 Filed *July 11* 191*6* *Emily Noll* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July, 11* 191*6* (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191 that he/she was alive on and that death occurred, on the stated above, at m. The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
1 1/2 yrs 9 mos. ds. (Duration)

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) *J. S. Sherris* M. D. (Address) *Fenn, 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. 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 DATE OF BURIAL 191

20 UNDERTAKER ADDRESS

SUPPLEMENTARY INFORMATION SUPPLIED

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 important.

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