

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

1 PLACE OF DEATH

Franklin,  
Beauf.

Registration District No. 292,  
Primary Registration District No. 5410

File No. 37287  
Registered No. 44

2 FULL NAME Henry H. Poese,

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male, 4 COLOR OR RACE white, 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married,

6 DATE OF BIRTH Dec. 21 1852 (Month) (Day) (Year)

7 AGE 63 yrs. 11 mos. 15 ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER John H. Poese,

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

12 MAIDEN NAME OF MOTHER Clara M. Dresser,

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Theo Poese (Address) New Haven Mo,

15 Filed Nov. 7 1916 Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 6 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 6 1916 to Nov. 6 1916, that I last saw him alive on Nov 5 1916, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows: myocarditis  
93 @ 156B  
(Duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) muscular Rheumatism  
(Duration) yrs. 5 mos. 1 ds.  
(Signed) Benjamin M. D. (Address) New Haven Mo, 211-7-1916

\*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 41 yrs. 8 mos. 2 ds. In the 41 8 2, ds. of death. State. yrs. mos. ds. Where was disease contracted if not at place of death? at place of death. Former or usual residence. none,

19 PLACE OF BURIAL OR REMOVAL German County, Mo. 20 DATE OF BURIAL Nov. 8 1916

20 ADDRESS N. Ottobor Cedar, New Haven, Mo.

Standard Certificate  
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 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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

Registration District No. 292

File No. \_\_\_\_\_

Primary Registration District No. 5410

Registered No. 444

(NO. \_\_\_\_\_)

St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

2 FULL NAME Henry W. Posa

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Nov - 6 - 1916  
(Month) (Day) (Year)

5 OF BIRTH Ballwin (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1916 to 1916 satisfactory information supplied.

If LESS than 1 day... hrs. or... min.?

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6 OCCUPATION Information Supplied  
7 TRADE, profession, or other kind of work  
8 GENERAL NATURE OF INDUSTRY, occupation, or establishment in which employed (or employer)

9 THE CAUSE OF DEATH was as follows:

Chronic Myocarditis  
79  
(Duration) yrs. 2 mos. 3 ds.

9 PLACE OF BIRTH (City or town, State or foreign country)

10 CONTRIBUTORY Muscular Rheum (Secondary)

10 NAME OF FATHER

(Duration) yrs. 5 mos. \_\_\_\_\_ ds.

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

(Signed) W. A. Remantoff M. D.  
11/7 1916 (Address) Ballwin, Mo.

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 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death... yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State... yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

15 (Address) \_\_\_\_\_

Where was disease contracted if not at place of death?

16 (Address) 11/7 1916 W. A. Remantoff Registrar

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

17 File, date. NOV 1916

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

# Revised United States 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 "Asthēnia," "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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