

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

38381

1 PLACE OF DEATH

County Perry
Township Salem
or
Village
or
City

Registration District No. 662
Primary Registration District No. 5880

File No.
Registered No. 24

2 FULL NAME

Rose S. Streiler

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 8, 1888
(Month) (Day) (Year)

7 AGE 28 yrs. 6 mos. 16 ds. IF LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Oliver Perry Mo

10 NAME OF FATHER Oliver Gray
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
12 MAIDEN NAME OF MOTHER Ellen McDowell
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) St. Ignace Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lamb Streiler
(Address) Cross town Mo

15 Filed Nov 25, 1916 H. Garner
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 24, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 6, 1916, to Nov. 24, 1916, that I last saw her alive on Nov. 6, 1916, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs
23A

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. M. Russell, M. D.
Nov. 24, 1916 (Address) Longtown, 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 Mo DATE OF BURIAL 11-26, 1916
Cath Cem Cross town

20 UNDERTAKER F. J. Gorman ADDRESS Cross town 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.]

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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 the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed.

Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-Grocery*; (a) *Foreman*, (b) *Automobile factory*.

Special work on may form part of the second line. Never return "Laborer," "Foreman," "Merchant," "Dealer," etc., without more precise

information, as *Day laborer*, *Farm laborer*, *Laborer—*

Textile, etc. Women at home, who are engaged in domestic

duties of the household only (not paid *Housewife*), who receive a definite salary, may be entered as *Housewife*, *Housework*, or *At home*, and children, who are

fully employed, as *At school* or *At home*.

Persons who would be taken to report specifically the occupation of persons engaged in domestic service for

such as *Servant*, *Cook*, *Housemaid*, etc. If the person has been changed or given up on account of

illness, state occupation at the time of illness. If retired from business, that fact should be indicated thus: *Farmer (retired, 6 yrs.)*

Persons who have no occupation whatever, state *None*.

Statement of cause of death.—Name, first, last, and middle, of the disease causing death (the primary affection), and its relation to time and causation, using always the

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 "Asthemia," "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.)

File No.

No.