

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.

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

40102

1 PLACE OF DEATH

County Buchanan

Township _____

or Village _____

or City St. Joseph

Registration District No. 85

File No. _____

Primary Registration District No. 1001

Registered No. 1563

(NO. 1015 North 13th St. Ward)

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

2 FULL NAME

Anna Diebold

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Widowed

16 DATE OF DEATH

December 16th 1916
(Month) (Day) (Year)

6 DATE OF BIRTH

Oct. 13th 1846
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Dec. 17th, 1916, to Dec. 16th, 1916.

that I last saw her alive on Dec. 16th, 1916.

and that death occurred, on the date stated above, at 10:20 a.m.

7 AGE

70 yrs. 2 mos. 3 ds.

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

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

8 OCCUPATION

(a) Trade, profession, or particular kind of work Housekeeping

(b) General nature of industry business, or establishment in which employed (or employer) at home

1015 9th
(Duration) yrs. mos. ds.

9 BIRTHPLACE

(City or town, State or foreign country) Bern, Switzerland

(Signed) G. A. Law by J. W. ... M. D.
Dec. 17, 1916 (Address 271 1/2 Edmund St.)

PARENTS

10 NAME OF FATHER

Gottlieb Gerber

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country) Uhl, Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Switzerland

*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. 2 ds. In the State 40 yrs. mos. ds.

Where was disease contracted 1015 No. 13th St. if not at place of death?

Former or usual residence 1015 No. 13th St.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Otto A. Klages

(Address) St. Joseph, Mo.

19 PLACE OF BURIAL OR REMOVAL

Oakland Cemetery

DATE OF BURIAL

Dec. 19th, 1916

15

Filed Dec. 18, 1916 Dorsey

Registrar

20 UNDERTAKER

Heaton-Bell-Johnson Co., 27th & So. 8th St.

ADDRESS

By J. W. ...

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—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 "Asthma," "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.)