

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

PLACE OF DEATH

County Perry

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Perryville (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 660

File No. 2453

Primary Registration District No. 4396

Registered No. 3

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

FULL NAME

Katherine Boxdoper

**PERSONAL AND STATISTICAL PARTICULARS**

SEX F

COLOR OR RACE W

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed

DATE OF BIRTH

10 (Month) 10 (Day) 1854 (Year)

AGE

62 yrs. 3 mos. 14 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE

(City or town, State or foreign country) Perry Co. Mo.

NAME OF FATHER

Wm. Meisel

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Europe

MAIDEN NAME OF MOTHER

Eleanore Weber

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Europe

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emmanuel Boxdoper

(ADDRESS) Perryville, Mo.

Filed Jan 20 1917 Arthur Papp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH

1 (Month) 24 (Day) 1917 (Year)

I HEREBY CERTIFY, that I attended deceased from

Dec. 15th, 1916, to Jan. 24, 1917,

that I last saw her alive on Jan 18th, 1917,

and that death occurred, on the date stated above, at 2:40 PM

The CAUSE OF DEATH was as follows:

9277-19  
Medical Investigation  
Duration) yrs. 6 mos. ds.

Contributory

(SECONDARY)

Duration) yrs. mos. ds.

(Signed)

L. L. Tolt M. D. 112917 (Address) Perryville Mo

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

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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL

Lutheran Cem Jan 25, 1917

UNDERTAKER

Phil Luckel Perryville

DATE OF BURIAL

ADDRESS

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) *Colton 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.)

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

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Cery*

Township *Ceryville*

Village *Ceryville*

City *Ceryville*

Registration District No. *660*

File No. *2453*

Primary Registration District No. *4396*

Registered No. *3*

(NO. *1*)

St. *1*

Ward *1*

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

2 FULL NAME *Katherine Boxdoster*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Jan 24 1917*  
(Month) (Day) (Year)

6 DATE OF BIRTH *Oct 10 1854*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Sept 15th 1916* to *Jan 24 1917*  
that I last saw her alive on *Jan 10 1917*  
and that death occurred, on the date stated above, at *2:55 PM*

7 AGE *62 yrs 3 mos 14 ds.*  
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
*Mitral Regurgitation*

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) *Cery Mo*

(Duration) yrs. *6* mos. ds.

10 NAME OF FATHER *N. M. Reesel*

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.  
(Signed) *L. L. Felby* M. D.  
*1/25 1917* (Address) *Ceryville Mo*

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

12 MAIDEN NAME OF MOTHER *Eugenie Boxdoster*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Europe*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Emmanuel Boxdoster*  
(Address) *Ceryville Mo*

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

15 Filed *Jan 12 1917* *Arthur Popp* Registrar

19 PLACE OF BURIAL OR REMOVAL *Lutheran Cem* DATE OF BURIAL *Jan 25 1917*  
20 UNDERTAKER *Phil Leuckel* ADDRESS *Ceryville*

Original file, date *Jan 25 1917*

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

N. B.—Every item of information should be carefully checked. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 inter-current) 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 "*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.)