

PLACE OF DEATH.

STATE OF ~~MISSOURI~~ ^{MISSOURI}.County Platt. Co.

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

Township Lee

694

2553

City East Lee

No.

Perry # 5921

STANDARD CERTIFICATE OF DEATH.

Registered 694
ward. No.Full Name Sophia Knopf.[If death occurred in a hospital
or institution, give its NAME instead
of street and number.]

PERSONAL AND STATISTICAL PARTICULARS.

3 Sex <u>W.</u>	4 Color or Race <u>W.</u>	5 Single, Married, Widowed, or Divorced. (Write the word.) <u>Widow.</u>
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6 Date of Birth. May. 9. 1841
(Month) (Day) (Year)

7 Age. 75. If LESS than
1 day, hrs.
..... yrs. 7 mos. 10 ds. or min.

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

9 Birthplace. Germany.
(State or country).

10 Name of Father. Louis Spinner.

11 Birthplace of Father. Germany.
(State or country).

12 Maiden name of Mother. Nonica Huoker

13 Birthplace of Mother. Germany.
(State or country).

14 The above is true to the best of my knowledge. 30
(Informant) Henry Kisker
(Address) Farley, Mo

15 Filed 1-9 1917 7 Lee Registrar.

MEDICAL CERTIFICATE OF DEATH.

16 Date of Death. Jan. 7. 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1915 to Jan 7 1917

that I last saw her alive on Nov 1 1916

and that death occurred on the date stated above, at 4:30 M.

The CAUSE OF DEATH* was as follows:

Carcinoma liver
HO
(Duration) 1 yrs. mos. ds.

Contributory (Secondary) HO
(Duration) 1 yrs. mos. ds.
(Signed) Chas Mc Gee M.D.
1/7 1917 (Address) Greenwich, 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 Green Cemt. Date of Burial Jan. 9. 1917

20 Undertaker. Greenwich, Mo Address. Greenwich, Mo
City.

Revised United States Standard Certificate
of Death.

[Approved by United States 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
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, peritonæum*, 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichæmia," "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

Township

Village

City

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

Registration District No.

Primary Registration District No.

(NO

St.

Ward)

MISSOURI DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

STATE OF DEATH

2 FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

(Month) (Day) 1 (Year)

7 AGE

yrs. mos. ds.

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

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)10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(City or town, State or foreign country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15

Filed

191

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan. 7 191 *6*

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, that I attended deceased from

191 to 191

that I last saw him alive on 191

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(Secondary)

(Signed)

Where death occurred, or, in deaths from Violent Causes, state
the cause of death and (2) whether Accidental, Suicidal or Homicidal.RESIDENCE (For Hospitals, Institutions, Transients,
and Non-Residents)

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

DATE OF BURIAL

Satisfactory Information Supplied 191

20 UNDERTAKER

ADDRESS

Information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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"Dealer," etc., without more precise name, as *Day laborer, Farm laborer, Laborer*—etc. Women at home, who are engaged as of the household only (not paid *Housewife, Housework*, or *At home*, and children, if employed, as *At school* or *At home*, should be taken to report specifically the occupation of persons engaged in domestic service for *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the **USING DEATH**, state occupation at beginning of life. If retired from business, that fact may be stated thus: *Farmer (retired, 6 yrs.)* For persons with no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the **USING DEATH** (the primary affection with time and causation), using always the same 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), *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.), "Dropy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Uraemia," "Weakness," etc. If the cause of death can be ascertained, it should be stated. All diseases resulting from birth or miscarriage, as "PUERPERAL sepsis," "PUERPERAL peritonitis," etc. State cause of such surgical operation was undertaken. For **DEATHS** state MEANS OF INJURY and QUALITY OF ACCIDENTAL, SUICIDAL OR HOMICIDAL, or as to cause, such, if impossible to determine definitely, as examples: *Accidental drowning; Struck by railroad car—accident; Revolver wound of head—homicide—killed by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and other conditions (e. g., *sepsis, tetanus*) may be stated under the heading of "Contributory." (Recommendation of the Nomenclature of the American Medical Association.)