

Trace with Duke

D. Corn
4. PM

1 PLACE OF DEATH.

STATE OF KANSAS.

STATE BOARD OF HEALTH—DIV. OF VITAL STATISTICS.

County Bates

Township Hoxley

City _____ No. _____ street, _____ Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number).

48
5072
STANDARD CERTIFICATE OF DEATH. 17685

Registered No. _____

2 FULL NAME Amie Mary Merkele

PERSONAL AND STATISTICAL PARTICULARS.

2 MEDICAL CERTIFICATE OF DEATH.

3 Sex Female 4 Color or Race White 5 Widowed
Single, Married, Widowed, or Divorced. (Write the word.)

6 Date of Death May - 27 1917
(Month) (Day) (Year)

6 Date of Birth June 3 - 1882
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 26 1917, to May 27 1917

7 Age 84 yrs. 11 mos. 23 ds. If LESS than 1 day, ____ hrs. or ____ min.†

that I last saw her alive on May 26 1917 and that death occurred, on the date stated above, at 4 P. M.

8 Occupation. None
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH * was as follows: Transition

9 Birthplace. Germany
(State or country).

109A
162
(Duration) ____ yrs. ____ mos. ____ da.

Parents.
10 Name of Father. Reh-fuss
11 Birthplace of Father. Germany
(State or country).
12 Maiden name of Mother. _____
13 Birthplace of Mother. _____
(State or country).

Contributory Jacom M. D.
(Secondary). (Duration) ____ yrs. ____ mos. ____ da.
(Signed) _____ (Address) Amel

14 The above is true to the best of my knowledge.
(Informant) James H. Hitt
Boicourt
(Address) _____

* 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. ____ da. In the State ____ yrs. ____ mos. ____ da.
Where was disease contracted, if not at place of death?
Former or usual residence _____

16 Filed June 1 1917
Jacom Registrar.

19 Place of Burial or Removal. Richland Cemetery Date of Burial. May 28 1917
20 Undertaker. W. Taylor Address. Pleasanton

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. See instructions on back of certificate.

WHILE PRINTING, WITH CORRECTING INK—THIS IS A PERMANENT RECORD.

9-36850

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 *Nons*.

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, 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), 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.)

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.

1 PLACE OF DEATH

County Batts
 Township Homer
 or
 Village
 or
 City

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

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

Registration District No. 48 File No.
 Primary Registration District No. 5072 Registered No.
 (NO. St. Ward)

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

2 FULL NAME Annice Mary Menkle

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3 SEX <u>F</u> | 4 COLOR OR RACE <u>W</u> | 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>W</u> |
| 6 DATE OF BIRTH <u>June 3 1837</u> (Month) (Day) (Year) | | |
| 7 AGE <u>84</u> yrs. <u>11</u> mos. <u>23</u> ds. | If LESS than 1 day, hrs. or min.? | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry business, or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (City or town, State or foreign country) <u>Germany</u> | | |
| PARENTS | 10 NAME OF FATHER <u>Chas. Pfus</u> | |
| | 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u> | |
| | 12 MAIDEN NAME OF MOTHER <u>Wible of Puff</u> | |
| 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u> | | |

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Inanition (old age)
Pneumonia
(Secondary)
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) J. Com M. D. Aug 17 1917 (Address) Genessee

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) James Platt
 (Address) Boonville Mo

15 Filed Aug 17 7 1917 J. Com Registrar

19 PLACE OF BURIAL OR REMOVAL Rehland Cmty DATE OF BURIAL May 28 1917
 20 UNDERTAKER R. Taylor ADDRESS Boonville Mo

Revised United States Standard Certificate of Death

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

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7921
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.), "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.)