

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

1 PLACE OF DEATH

County Jasper  
Township Jasper  
or  
Village Joplin Mo.  
or  
City Joplin Mo. (NO. 2017 Murphy, St. Ward)

Registration District No. 411 File No. 25566  
Primary Registration District No. 2002 Registered No. 439

2 FULL NAME Mrs. Winnie Frantz

[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 in full)

6 DATE OF BIRTH Sept. 21 1875  
(Month) (Day) (Year)

7 AGE 41 yrs 10 mos 4 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Purshia, Tenn

PARENTS  
10 NAME OF FATHER John Bacon  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) M. Car.  
12 MAIDEN NAME OF MOTHER Lucia Kirkpatrick  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Tom Frantz  
(Address) Joplin Mo.

15 Filed Aug 23 1917 J. A. Chenevert Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 22 1917  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 2 1917 to July 22 1917, that I last saw him alive on July 21 1917 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH\* was as follows:  
Rheumatism & Acute Colitis  
1206  
81 1/2 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓  
(Duration) yrs. mos. ds.  
(Signed) W. E. G. M. D.  
July 23 1917 (Address) Joplin

\*State the Disease Causing Death, or, in cases of 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 Messer Cem DATE OF BURIAL July 23 1917

20 UNDERTAKER W. B. City and Co ADDRESS W. B. City

# 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 *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

34  
1902

"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.

**MISSOURI STATE BOARD OF HEALTH**  
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**CERTIFICATE OF DEATH**

**1 PLACE OF DEATH**  
 County Jasper  
 Township Joplin  
 or  
 Village Joplin  
 or  
 City Joplin (NO.            St.            Ward           )

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

Registration District No. 411 File No.             
 Primary Registration District No. 3002 Registered No. 439

**2 FULL NAME** Miss Frantz

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

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3 SEX</b> <u>M</u>	<b>4 COLOR OR RACE</b> <u>W</u>	<b>5 SINGLE MARRIED WIDOWED OR DIVORCED</b> (Write the word) <u>M</u>
<b>6 DATE OF BIRTH</b> (Month) <u>          </u> (Day) <u>          </u> (Year) <u>          </u>		
<b>7 AGE</b> yrs. <u>          </u> mos. <u>          </u> ds. <u>          </u>		<b>If LESS than 1 day</b> ..... hrs. <u>          </u> or..... min. <u>          </u> ?
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>          </u> (b) General nature of industry business, or establishment in which employed (or employer) <u>          </u>		
<b>9 BIRTHPLACE</b> (City or town, State or foreign country) <u>          </u>		
<b>PARENTS</b>	<b>10 NAME OF FATHER</b>	
	<b>11 BIRTHPLACE OF FATHER</b> (City or town, State or foreign country) <u>          </u>	
	<b>12 MAIDEN NAME OF MOTHER</b>	
<b>13 BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country) <u>          </u>		

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** July 22 1917  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY** that I attended deceased from           , 1917, to           , 1917, that            was inactive on           , 1917, and that death occurred, on the date stated above, at            m.

The CAUSE OF DEATH\* was as follows:  
Rheumatism & Blue Collar  
Acute

(Duration) 47 yrs.            mos.            ds.

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

(Signed) A. E. Craig M. D.  
July 23 1917 (Address) Joplin

\*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)             
 (Address)           

**15** Filed Sept 3 1917 J. A. Chenoweth  
 Registrar

**19 PLACE OF BURIAL OR REMOVAL**            **DATE OF BURIAL**           , 1917  
**20 UNDERTAKER**            **ADDRESS**

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

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25566  
*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.)