

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

**PLACE OF DEATH**

County Jefferson  
Township Meramec  
or House Springs  
Village House Springs  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 425 File No. H 28979  
Primary Registration District No. 3580 Registered No. 24

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

**FULL NAME** John Nahlik

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Male **COLOR OR RACE** White **SINGLE MARRIED WIDOWED OR DIVORCED** Married  
(Write the word)

**DATE OF BIRTH** April 7, 1844  
(Month) (Day) (Year)

**AGE** 73 yrs. 4 mos. 9 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

**OCCUPATION**  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**BIRTHPLACE**  
(City or town, State or foreign country) Austria

**PARENTS**  
**NAME OF FATHER** Frank Nahlik  
**BIRTHPLACE OF FATHER**  
(City or town, State or foreign country) Austria  
**MAIDEN NAME OF MOTHER** Anna Martinek  
**BIRTHPLACE OF MOTHER**  
(City or town, State or foreign country) Austria

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) J. B. Nahlik  
(ADDRESS) House Springs

Filed Sept 7, 1917 Chas. Williams  
M.P. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** August 15, 1917  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from August 13, 1917, to August 15, 1917, that I last saw him alive on Aug 15<sup>th</sup>, 1917, and that death occurred, on the date stated above, at 8<sup>48</sup> m. The CAUSE OF DEATH\* was as follows:

Emphysema (acute)  
1867  
1907

(Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.

**Contributory** Fractured Ribs & Lung  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.

(Signed) Louis C. Haagen M. D.  
Aug 16, 1917 (Address) House Springs, 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** St. Filomenas Cem. **DATE OF BURIAL** Aug 17, 1917

**UNDERTAKER** Hy Brummett **ADDRESS** House Springs, Mo.

# 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 "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 septichaemia," "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

1 PLACE OF DEATH  
 County Jackson  
 Township Marquette  
 or Village Fair Springs Mo.  
 or City NO

Registration District No. 425 File No. \_\_\_\_\_

Primary Registration District No. 5580 Registered No. 24

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

2 FULL NAME John Holien

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 7 - 1874  
 (Month) (Day) (Year)

7 AGE 43 yrs. 9 mos. 9 ds.  
 IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Austria

10 NAME OF FATHER Frank Holien

11 BIRTHPLACE OF FATHER Austria

12 MAIDEN NAME OF MOTHER Alma Martinek

13 BIRTHPLACE OF MOTHER Austria

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. B. Matlack  
 (Address) Fair Springs Mo.

15 Filed Sept 27 - 1917  
Wm. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 15, 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 13, 1917 to Aug 15, 1917  
 that I last saw him alive on Aug 7, 1917  
 and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH\* was as follows:  
Cr. pneumonia (Duration) 3 yrs. 3 mos. 3 ds.  
caused by fracture of leg  
due to fall.

CONTRIBUTORY Embar Kibs & Lungs  
 (Secondary) (Duration) 3 yrs. 3 mos. 3 ds.

(Signed) Paul S. Haagen M. D.  
Aug. 15, 1917 (Address) Fair Springs 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 3 yrs. 3 mos. 3 ds. In the State 3 yrs. 3 mos. 3 ds.

Where was disease contracted if not at place of death?

Former or usual residence Information Supplied

19 PLACE OF BURIAL OR REMOVAL St. Helens Roman Cem. DATE OF BURIAL Aug. 17, 1917

20 UNDERTAKER L. J. Bronson & Son ADDRESS Fair Springs Mo.

# Revised United States Standard Certificate of Death

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

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*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 "Asthemia," "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.)

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