

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

**PLACE OF DEATH**

County Ozoge  
Township Washington  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 975 File No. 29396  
Primary Registration District No. 5851 B Registered No. 7

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

**FULL NAME** Silvia Goeller

**PERSONAL AND STATISTICAL PARTICULARS**

**SEX** Female **COLOR OR RACE** white **SINGLE MARRIED WIDOWED OR DIVORCED** single  
(If rit'd the word)

**DATE OF BIRTH** Feb. 14, 1917  
(Month) (Day) (Year)

**AGE** 5 yrs. 5 mos. 28 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) Ozoge Co, Mo

**PARENTS**

**NAME OF FATHER** Fritz Goeller

**BIRTHPLACE OF FATHER**  
(City or town, State or foreign country) Ozoge Co, Mo

**MAIDEN NAME OF MOTHER** Gertrude Rudroff

**BIRTHPLACE OF MOTHER**  
(City or town, State or foreign country) Ozoge Co, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Anton Keisthaldt  
(ADDRESS) Richfountain, Mo.

Filed 8-12-1917 G. C. Biesemeyer  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** August 12, 1917  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 12, 1917, to Aug. 12, 1917, that I last saw her alive on Aug. 12, 1917, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Meningitis  
79A  
84

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.  
**Contributory** Continual Convulsions  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) C. Biesemeyer M. D.  
8-12-1917 (Address) Richfountain, 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** Richfountain Cath. Cemetery **DATE OF BURIAL** 8-13, 1917

**UNDERTAKER** G. C. Biesemeyer **ADDRESS** Richfountain  
& Heermann, Richfountain

# 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 "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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

1 PLACE OF DEATH  
 County Osage  
 Township Washington or Village Washington or City Washington  
 Registration District No. 975  
 Primary Registration District No. 5851 B  
 File No. 7  
 Registered No. 7  
 (NO. 7 St. 7 Ward 7)  
 2 FULL NAME Levia Geller

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M  
 4 COLOR OR RACE W  
 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) D  
 6 DATE OF BIRTH 1 (Month) 1 (Day) 1 (Year)  
 7 AGE 1 yrs. 0 mos. 0 ds. If LESS than 1 day... hrs. or... min.?  
 8 OCCUPATION (a) Trade, profession, or particular kind of work Satisfactory  
 (b) General nature of industry business, or establishment in which employed (or employer) Information Supplied  
 9 BIRTHPLACE (City or town, State or foreign country) Information Supplied  
 10 NAME OF FATHER  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)  
 12 MAIDEN NAME OF MOTHER  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

16 DATE OF DEATH July 12 1917  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917, that I last saw deceased alive on 1917, and that death occurred, on the date stated above, at Rich fountain Mo. The CAUSE OF DEATH\* was as follows:  
Neuragic Cerebrospinal not Epidemic  
 (Duration) 3 yrs. 0 mos. 0 ds.  
 CONTRIBUTORY (Secondary) Articular Convulsions  
 (Duration) 3 yrs. 0 mos. 0 ds.  
 (Signed) Ch. Bieseweyer M. D.  
8-12-1917 (Address) Rich fountain 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 2 yrs. 0 mos. 0 ds. In the State 2 yrs. 0 mos. 0 ds.  
 Where was disease contracted if not at place of death?  
 Former or usual residence Information Supplied

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Information Supplied  
 (Address) Information Supplied  
 15 Filed 8-12-1917 by Ch. Bieseweyer Registrar

19 PLACE OF BURIAL OR REMOVAL Information Supplied DATE OF BURIAL 1917  
 20 UNDERTAKER Information Supplied ADDRESS Information Supplied

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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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 "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.)

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