

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

32283

1 PLACE OF DEATH

County *Lafayette*

Township

Village

City *Lexington Mo.* (NO.) St. Ward

Registration District No. *461*

File No. *104*

Primary Registration District No. *3024*

Registered No.

2 FULL NAME

Adam Ortz

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED *Parted* WIDOWED *not divorced* OR DIVORCED (Write the word)

6 DATE OF BIRTH *Don't know* (Month) (Day) (Year)

7 AGE *227* yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Coal Miner.* (b) General nature of industry business, or establishment in which employed (or employer) *95*

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

PARENTS 10 NAME OF FATHER *No Recd.* 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)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Daniel Conessy Jr.* (Address) *Wellington Mo*

15 Filed *Sept. 5, 1917* *J. L. Cope* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 9* 191*7* (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Sept 9*, 191*7*, to *Sept 9*, 191*7*, that I last saw h. *Sept 9* alive on *Sept 9*, 191*7*, and that death occurred, on the date stated above, at *Sept 9*.....m.

The CAUSE OF DEATH* was as follows:
Went to work
Apparently throat lesion
Dropped dead. (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Went to work* (Duration) yrs. mos. ds. (Signed) *Wm. H. Taylor M.D.* *Sept 5, 1917* (Address) *Lexington Mo*

*State the Disease Causing Death, or, in death 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 REMOVAL *Lexington Mo* DATE OF BURIAL *Sept 5, 1917*

20 UNDERTAKER *Ernest Hegert* ADDRESS *Lexington Mo*

Lafayette Co.

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*; *Broncho-pneumonia* ("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 child-birth 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.)

County of Queens)
City of New York : ss
State of New York)

I, Geza Michael Orth^{III}, residing at 39 - 09 -
112th Street^{III}, Corona^{III}, L.I.N.Y., being duly sworn depose
and say.

That I am the brother of Adam Orth deceased^{III},
who died September 3rd, 1917.

That The State Board of Health of Missouri
has record of this death under the name of Adam Ortz which
is an error. The correct family name is O R TH^{III}, Orth.

I am making this affidavit so that the name
may be corrected on record and a corrected certificate
be issued.

Geza Michael Orth

Signed before me this
4th day of September, 1929

Frank Wagner

Notary Public, residing in Queens Co. 2022
Queens County Register's No. 2299
New York Co. Clerk's No. 448
New York County Register's No. 0-297
Term expires March 30, 1930

RECEIVED
SEP 9 - 1929
THE STATE BOARD OF HEALTH
OF MISSOURI.

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