

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

1 PLACE OF DEATH

County Perry
Township Lingue Homme
or
Village
or
City

Registration District No. 659
Primary Registration District No. 5876

File No. 32718
Registered No. 6

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

2 FULL NAME Mary K. Geringer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

10 DATE OF DEATH 9 23 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 12 1876
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 9-14 1917, to 9-23 1917, that I last saw her alive on 9-23 1917, and that death occurred, on the date stated above, at 10 P. m.

7 AGE 41 yrs. 1 mos. 11 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Cholelithiasis of Liver
12.6 (Duration) 2 yrs. mos. ds.

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

CONTRIBUTORY Ball stones
(Secondary) (Duration) 2 yrs. mos. ds.
(Signed) A. E. Dullas M. D.
9-24, 1917 (Address) Friedheim Mo

9 BIRTHPLACE (City or town, State or foreign country) Biehle Mo

PARENTS 10 NAME OF FATHER Henry Werch
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) State Missouri
12 MAIDEN NAME OF MOTHER Anna Kunholdt
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) State Missouri

*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) August Geringer
(Address) Biehle Mo

15 Filed Sep 27 1917 J. W. Russell
Registrar

19 PLACE OF BURIAL OR REMOVAL Biehle Mo DATE OF BURIAL Sep. 25 1917
20 UNDERTAKER Louis Klaus ADDRESS Friedheim, Mo.

N. B.—Every item of information should be carefully supplied. Never should the name of a street or place be given unless it is a well-known one. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments,

the kind of work and also
ss or industry, and there-
provided for the latter
sed only when needed.

b) *Cotton mill*; (a) *Sales-
man*, (b) *Automobile factory*.

y form part of the second

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.)