

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

1 PLACE OF DEATH

County

Rosemeade
Dacuf

Township

Registration District No.

306

File No.

34811

Village

Primary Registration District No.

5424

Registered No.

11

City

(No.

St.

Ward)

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

2 FULL NAME

Julia Elizabeth Posey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

married

16 DATE OF DEATH

2 Oct 6th 1917

6 DATE OF BIRTH

July 12 1872

17 I HEREBY CERTIFY, that I attended deceased from

Aug 9th 1917 to Oct 6th 1917
that I last saw her alive on *Oct 5th 1917*
and that death occurred, on the date stated above, at *10:10 P.M.*

7 AGE

45

2 yrs. 2 mos. 26 ds.

If LESS than 1 day.....hrs. or.....min.?

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Housework

(b) General nature of industry business or establishment in which employed (or employer)

Keeping house

139C 54

(Duration) *3* yrs. - mos. - ds.

9 BIRTHPLACE

(City or town, State or foreign country)

Vienna Mo.

CONTRIBUTORY (Secondary)

Menopause

(Duration) *2* yrs. - mos. - ds.

10 NAME OF FATHER

(Given name unknown) Logan

(Signed) *Frederick Auffer Heide* M. D.

11 BIRTHPLACE OF FATHER

Unknown

Oct 8 1917 (Address) *Drake Mo.*

12 MAIDEN NAME OF MOTHER

Unknown

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER

Unknown

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Receipt Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James Posey

At place of death *1/2* yrs. - mos. - ds. In the State *4 1/2* yrs. - mos. - ds.

Where was disease contracted if not at place of death? *at place of death*

Former or usual residence

Missouri

15

Filed

Oct 8th 1917
Dr. Frederick Auffer Heide

Registrar

19 PLACE OF BURIAL OR REMOVAL

K. Rusehmann Cem. Mt. Herling

DATE OF BURIAL

Oct 8th 1917

20 UNDERTAKER

Wm. Heinhoeuer

ADDRESS

Drake Mo.

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.

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, 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 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.)