

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.

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

40814

1 PLACE OF DEATH
County Carroll
Township Carrollton
Village
City (NO. St. Ward)

Registration District No. 135 File No.
Primary Registration District No. 5788 Registered No. 86

2 FULL NAME Anna Brockmeier

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED widow
(Write the word)

6 DATE OF BIRTH 6-11-1845
(Month) (Day) (Year)

7 AGE 72 yrs 6 mos 1 da. If LESS than 1 day...hrs. or...min.?

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

9 BIRTHPLACE
(City or town, State or foreign country) Hanover Germany

PARENTS
10 NAME OF FATHER don't know
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) Fred Brockmeier
(Address) Carrollton, Mo

15 Filed 12-13 1917 Mrs S. J. Fisher
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 12 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 15, 1917, to Dec 12, 1917, that I last saw her alive on Dec 12, 1917, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:
Labor Pneumonia
108 92
(Duration) yrs. mos. ds. 3 wks

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) E. C. Brunner M. D.
Dec 13 1917 (Address) Carrollton, 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 yrs. mos. da. 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 Oak Hill Cem DATE OF BURIAL 12-14-1917

20 UNDERTAKER J. B. Willis ADDRESS Carrollton, Mo.

Revised United States Standard Certificate of Death

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

FROM



id pneumonia"); *Lobar pneumonia*; *Broncho-*
ria ("Pneumonia," unqualified, is indefinite).

To

County

question applies to each and every person, irres-
of age. For many occupations a single word
on the first line will be sufficient, e. g., *Far-*
mer, Planter, Physician, Composer, Architect, Loc-
omotive engineer, Civil engineer, Stationary fireman, etc.
in many cases, especially in industrial employ-
ment, it is necessary to know (a) the kind of work a
person does, (b) the nature of the business or industry, and
therefore an additional line is provided for the
statement; it should be used only when
necessary. As examples: (a) *Spinner*, (b) *Cotton mill*; (a)
Man, (b) *Grocery*; (a) *Foreman*, (b) *Automobile*.
The material worked on may form part of the
statement. Never return "Laborer," "Fore-
man," "Manager," "Dealer," etc., without more
specification, as *Day laborer, Farm laborer, Lat-*
ite miner, Coal mine, etc. Women at home, who are en-
gaged in the duties of the household only (not paid *house-*
keepers 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 occu-
pations 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

causing from birth or mis-
carriage, as "PUERPERAL septicaemia," "PUERPERAL
peritonitis," etc. State cause for which surgical oper-
ation was undertaken. For VIOLENT DEATHS, state
MEANS OF INJURY and qualify as ACCIDENTAL, SUI-
CIDAL, OR HOMICIDAL, or as *probably* such, if impos-
sible 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 "Con-
tributory." (Recommendations on statement of
cause of death approved by Committee on Nomen-
clature of the American Medical Association.)