

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

1 PLACE OF DEATH

County *St Charles*

Township
or
Village *Portage des Sioux*
or
City

Registration District No. *756*
Primary Registration District No. *5-997*

File No. *2* **21155**
Registered No. *60*

(NO. St. Ward)

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

2 FULL NAME *Randolph Maas*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *July 23rd 1917*
(Month) (Day) (Year)

7 AGE *10 mos. 19 ds.* If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *None*
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Portage des Sioux*

10 NAME OF FATHER *Leo Maas*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Portage des Sioux*

12 MAIDEN NAME OF MOTHER *Frances Muremann*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Portage des Sioux*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Leo Maas*
(Address) *Portage des Sioux Mo.*

15 Filed *July 2* 1918 *Mrs C. Arnold* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 12* 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *June 9* 1918 to *June 12* 1918, that I last saw him alive on *June 11* 1918, and that death occurred, on the date stated above, at *4:30 p.m.*

The CAUSE OF DEATH* was as follows:

Scarlet fever

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) *T. P. Harding* M. D.
June 12 1918 (Address) *St. Charles, 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..... 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 *St. Francis Cemetery* DATE OF BURIAL *June 13* 1918

20 UNDERTAKER *H. D. Allmyer* ADDRESS *St. Charles, 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 therefore an additional line is provided for

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ement; it should be used only when needed.
(a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Foreman, (c) Automobile factory.* The

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tion should be care
plain terms, so that it

ked on may form part of the second state-
return "Laborer," "Foreman," "Manager,"
without more precise specification, as *Day
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 occupa-
tion whatever, write *None*.

Statement of cause of death.—Name, first, the
DISEASE CAUSING DEATH (the primary affection with re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-
brospinal fever* (the only definite synonym is "Epidemic
cerebrospinal meningitis"); *Diphtheria* (avoid use of
"Croup"); *Typhoid fever* (never report "Typhoid pneu-
monia"); *Lobar pneumonia; Bronchopneumonia* ("Pneu-
monia," 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.)