

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

1 PLACE OF DEATH
County Buchanan
Township Washington
or Village
or City (NO. 6 miles East City on 102 Rd St. Ward)
Registration District No. 86 File No. 32001
Primary Registration District No. 5137 Registered No. 73
2 FULL NAME Nichlos Kramer (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS
SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OF DIVORCES Married
(Write the word)
DATE OF BIRTH Jan. 21 1889
(Month) (Day) (Year)
AGE 29 yrs. 8 mos. 21 ds. If LESS than 1 day.....hrs. or.....min.?
OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer)
BIRTHPLACE (City or town, State or foreign country) Hungary
10 NAME OF FATHER Joseph Kramer
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Hungary
12 MAIDEN NAME OF MOTHER Katherine Twender
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hungary

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Oct 12th 1918
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from Oct 7, 1918, to Oct 12, 1918, that I last saw him alive on Oct 11, 1918, and that death occurred, on the date stated above, at 3 A.M.
The CAUSE OF DEATH* was as follows:
Influenza
!!!
10
(Duration)..... yrs..... mos..... 5 ds.
CONTRIBUTORY (Secondary) None
(Duration)..... yrs..... mos..... ds.
(Signed) Sustantain M. D. Oct 12, 1918 (Address) 822 Edmund
*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) Mrs. N. Kramer
(Address) R.F.D. # 1 on 102 rd East Mo.

15 Filed Oct. 17 1918 E. J. Hanks Registrar

19 PLACE OF BURIAL OR REMOVAL Mt Olive Cem DATE OF BURIAL Oct 13 1918
20 UNDERTAKER W. Neustroffer ADDRESS 824 Fair

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*; *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 | Never report mere symptoms or terminal condition such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," or "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age shock," "Uraemia," "Weakness," etc., when 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 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 carbonic 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.)