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

41000

1 PLACE OF DEATH

County Monroe

Township Jackson

Registration District No. 582 File No.

Primary Registration District No. 5774 Registered No. 118

(NO. St.; Ward)

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

FULL NAME Chas Russell Henniger

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 SINGLE ~~MARRIED~~ ~~WIDOWED~~ OR ~~DIVORCED~~ (Write the word)
...ull	White	Single

...TE OF BIRTH May 24, 1918 (Month) (Day) (Year)

...AGE ...yrs. 5 mos. 10 ds. If LESS than 1 day, ...hrs. or ...min.?

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

...RTHPLACE (City or town, State or foreign country) Monroe Co.

10 NAME OF FATHER John Henniger

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri

12 MAIDEN NAME OF MOTHER Rosie Lee

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

...THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John. Henniger

(Address) Paris Mo.

Filed 11/10 1918 H C Payne Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 10, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ..., 191..., to ..., 191...,

that I last saw ~~b~~ ~~alive~~ on ..., 191...,

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Died without medical attention

Lubbosch Whooping Cough

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

CONTRIBUTORY (Secondary) 08

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

(Signed) F M Moss M.D.

Nov 10, 1918 (Address) Paris 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 Cedar Grove

DATE OF BURIAL Nov 11, 1918

20 UNDERTAKER None

ADDRESS Paris Mo

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*, *un*, etc. But in many cases, especially in oyments, it is necessary to know (*a*) the id also (*b*) the nature of the business or herefore an additional line is provided for nent; it should be used only when needed.) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, ( ) *Foreman*, (*b*) *Automobile factory*. The l on may form part of the second statee turn "Laborer," "Foreman," "Manager," without more precise specification, as *Day aborer*, *Laborer—Coal mine*, etc. Women re engaged in the duties of the household *Housekeepers* who receive a definite salary), as *Housewife*, *Housework*, or *At home*, and infully employed, as *At school* or *At home*. taken to report specifically the occupations ged in domestic service for wages, as *Servsemaid*, etc. If the occupation has been n up on account of the DISEASE CAUSING cupation at beginning of illness. If reness, that fact may be indicated thus: *6 yrs.*) For persons who have no occu-, write *None*.

of cause of death.—Name, first, the G 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; "Canc

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 *septichaemia*," "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.)