

1. PLACE OF DEATH

County St. Genesee
 Township or Road Dist. Pemrose
 or
 Incorp. Town or Village
 or
 City Wm No.

Registration Dist. No.	<u>781</u>
Primary Dist. No.	<u>6937</u>

STATE OF ILLINOIS
 State Board of Health - - Bureau of Vital Statistics

ORIGINAL

STANDARD
CERTIFICATE OF DEATH 7098Registered No. 8

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

2. FULL NAME Ferdinand Letterst

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (Write the word)
6. DATE OF BIRTH <u>October 19, 1924</u> (Month) (Day) (Year)		
7. AGE <u>94 yrs. 4 mos. 8 ds.</u>		If LESS than 1 day, hrs. OR min.?
8. OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9. BIRTHPLACE (State or country) <u>Germany</u>		
PARENTS	10. NAME OF FATHER <u>X Letterst</u>	
	11. BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>	

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

(Informant) or sisterst(Address) St. Marys Wis.15. Filed Feb 27th 1919 Geo. Dennis MD Registrar

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH <u>February 27, 1919</u> (Month) (Day) (Year)
17. I HEREBY CERTIFY, That I attended deceased from <u>Feb 23</u> , 1919, to <u>Feb 27</u> , 1919, that I last saw him alive on <u>Feb 23</u> , 1919, and that death occurred, on the date stated above, at <u>9:15 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Anterior sclerosis</u> <u>81</u> <u>Unknown</u> (Duration) yrs. mos. ds. Contributory (Secondary) <u>7</u> (Duration) yrs. mos. ds. (Signed) <u>J. A. Wilbey</u> , M. D. (Address) <u>St. Marys, Wis.</u> Date <u>Feb 27</u> , 1919 Telephone

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?
Farmer or usual residence19. PLACE OF BURIAL OR REMOVAL
Roths Cemetery DATE OF BURIAL Feb 25th 1919
20. UNDERTAKER
John Rond ADDRESS St. Marys Wis.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

WRITE PLAINLY, WITH UNFADING INK - - THIS IS A PERMANENT RECORD
 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.

Has decedent ever served in military or naval service of U. S.?

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, peritonæum*, 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," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "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.)

The following list of indefinite terms will not be accepted as cause of death unless explained:

Abscess—Locate and describe.
 Accident—Nature of (Coroner)?
 Albuminuria—Disease causing?
 Angina—Was it scarlet fever or diphtheria?
 Ascites—Disease causing?
 Asphyxia—Accidental, suicidal—cause?
 Asthenia—State cause.
 Atrophy—Cause of—tuberculosis, syphilis?
 Auto { infection } Cause of?
 { intoxication }
 Bowel trouble—Name disease: diarrhoea, dysentery, enteritis, strangulation?
 Blood poisoning—State cause.
 Bottle feeding—What disease resulted?
 Breaking down—What disease?
 Cachexia—Cancer, syphilis, tuberculosis, malarial?
 Cardiac { Asthenia } Not accepted.
 { Debility }
 { Failure }
 { Weakness }
 Collapse—From what?
 Cold—Not accepted.
 Childbirth—Physiological—what caused death?
 Cellulitis—Give location and cause.

Coma—Cause { alcoholic?
 { opium, etc.?
 Convulsions—Cause { epileptic—puerperal?
 { children, diarrhoea—enteritis?
 Cramps—State cause of.
 Cyanosis—Cause of.
 Decline—State cause of.
 Debility—From what disease?
 Delirium { alcoholic?
 { traumatic?
 Dentition—Disease causing death?
 Dropsy—Name disease causing.
 Dyspepsia—What organic disease?
 Eclampsia—State cause of convulsions.
 Emphysema—State cause.
 Exhaustion—State cause of.
 External violence—What kind of?
 Failure of vital powers—What disease?
 Feebleness—What disease?
 Gastritis—State cause of.
 Heart failure—See cardiac.
 Hemorrhage—What part, and cause?
 Inanition—Cause of?
 Insolation (under 24 hours) (Coroner)?
 Jaundice—Disease causing?

Laparotomy—For what disease?
 Malnutrition—Cause of?
 Marasmus—What disease?
 Milk infection { diarrhoea?
 { enteritis?
 Miscarriage—State cause of.
 Nervous { exhaustion } State
 { fever } disease
 { shock }
 Operation—State part, and disease.
 Old age—What disease?
 Peritonitis—Cause of?
 Pernicious anemia { malarial?
 { tuberculosis?
 { syphilis, etc.?
 Pyæmia—Cause of?
 Septicæmia—Cause of?
 Shock—From what?
 Surgical { operation } State disease.
 { shock }
 Syncope—State cause of.
 Tetanus—State cause of.
 Tubercæmia—State cause of.
 Uræmia—Acute or chronic nephritis?
 Weakness—What disease?