

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

1 PLACE OF DEATH
County Bollinger
Township Vincennes
Village _____
City _____

Registration District No. 940 File No. 29500
Primary Registration District No. 1704 Registered No. 7
(NO. _____ St. _____ Ward _____)

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

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>
5 SINGLE MARRIED WIDOWED OF DIVORCED <u>Infant</u> (Write the word)	
6 DATE OF BIRTH <u>Oct 18</u> 191 <u>9</u> (Month) (Day) (Year)	
7 AGE <u>7</u> yrs. <u>7</u> mos. <u>7</u> ds.	If LESS than 1 day, ____ hrs. or ____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (City or town, State or foreign country) <u>Leopold MO</u>	
PARENTS	10 NAME OF FATHER <u>Antoine Cruisel</u>
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bollinger Co</u>
	12 MAIDEN NAME OF MOTHER <u>Mena Traupler</u>
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bollinger Co</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Antoine Cruisel</u> (Address) <u>Leopold MO</u>	
15 Filed <u>Nov 7</u> 191 <u>9</u> <u>Chas. E. Sanders</u> Registrar	

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>Oct 25</u> 191 <u>9</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, that I attended deceased from <u>Oct 23</u> 191 <u>9</u> , to <u>Oct 25</u> 191 <u>9</u> , that I last saw him alive on <u>Oct 24</u> 191 <u>9</u> , and that death occurred, on the date stated above, at <u>11 1/2</u> m.	
The CAUSE OF DEATH was as follows: <u>Septic Peritonitis</u> <u>129 11</u>	
(Duration) ____ yrs. ____ mos. <u>3</u> ds.	
CONTRIBUTORY <u>Infecting Naval</u> (Secondary) (Duration) ____ yrs. ____ mos. <u>2</u> ds.	
(Signed) <u>J. M. Ramsey</u> M. D. <u>Nov 3</u> 191 <u>9</u> (Address) <u>Leopold MO</u>	
*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 <u>Leopold</u>	DATE OF BURIAL <u>Oct 26</u> 191 <u>9</u>
20 UNDERTAKER <u>Louisinger</u>	ADDRESS <u>Leopold MO</u>

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 bill will be sufficient, e.g., *Farmer* or *Planter*, *Physician*, *positor*, *Architect*, *Locomotive engineer*, *Civil eng.*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to (a) the kind of work and also (b) the nature of business or industry, and therefore an additional is provided for the latter statement; it should be used only when needed. As examples: (a) *ner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; *preman*, (b) *Automobile factory*. The material world may form part of the second statement. Never turn "Laborer," "Foreman," "Manager," "De" etc., without more precise specification, as *aborer*, *Farm laborer*, *Laborer—Coal mine*, etc. on at home, who are engaged in the duties of household only (not paid *Housekeepers* who receive definite salary), may be entered as *Housewife*, *Ho*, *rk*, 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*, *ok*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSE 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 CAUSE DEATH (the primary affection with respect to the disease 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; "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.)