

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24272

1 PLACE OF DEATH

County Franklin  
Township Lyon  
or  
Village  
or  
City

Registration District No. 1104 File No. 24272  
Primary Registration District No. 5417-B Registered No. 29  
St. Ward

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

2 FULL NAME Sophia Teptmeier

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single  
6 DATE OF BIRTH Aug 8 1875  
(Month) (Day) (Year)  
7 AGE 44 yrs 11 mos 15 ds. If LESS than 1 day, hrs. or min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife 85  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Cincinnati Ohio

PARENTS  
10 NAME OF FATHER Mr Teptmeier  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
12 MAIDEN NAME OF MOTHER Charlotte Costler  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Henry Teptmeier  
RFD Address New Haven Mo

15 Filed July 24 1920 W. P. Fitzgerald  
Registrar

✓ MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 23 1920  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I attended deceased from July 19 1920 to July 23 1920  
that I last saw her alive on June 19 1920  
and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Prostration by heart while working in hay field

CONTRIBUTORY Epilepsy  
(Secondary) (Duration) 14 yrs mos. ds.  
Signed John Engelbrecht M. D.  
July 14 1920 (Address) Stam Hill Mo

\*State the Disease Causing Death, or, in death 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 16 yrs mos. ds. In the State 40 yrs mos. ds.  
Where was disease contracted if not at place of death? Place of Death  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Stony Hill DATE OF BURIAL July 25 1920  
20 UNDERTAKER Herman Blum ADDRESS Berger 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, 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 specific occupations of persons engaged in domestic employments, as *Servant, Cook, Housekeeper*, etc. If occupation has been changed or is not stated, the beginning of the DISEASE CAUSING DEATH should be at beginning of illness. If residence is different, that fact may be indicated in the space provided (6 yrs.) For persons who have been in the country whatever, write *None*.

**Statement of cause of death.**—Name, first, last, and middle, of the primary affection with respect to which the death occurred, using always the same name as in the list of diseases. Examples: *Cerebral meningitis*; *Epidemic typhus* (never report "Typhoid fever" as a synonym); *Diphtheria* (avoid "Epidemic diphtheria" and "Epidemic meningitis"); *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," etc.

*Septicemia*, "Septic 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.)