

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

20002

PLACE OF DEATH
County Caldwell,
Township ~~Paris,~~
or
Village
or
City Braymer, (NO. _____ St.: _____ Ward)

Registration District No. 92 File No. _____
Primary Registration District No. 4055 Registered No. 14

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

FULL NAME Daniel Braymer,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White, ~~Single~~ ~~Married~~ Widowed, Widowed,
(Write the word)

DATE OF BIRTH March, 17th., 1844
(Month) (Day) (Year)

AGE 77 yrs. 5 mos. 1 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Retired Farmer, 99A
(b) General nature of industry, business, or establishment in which employed (or employer) Farming, 162

BIRTHPLACE
(City or town, State or foreign country) Hebron, N. Y.

PARENTS
NAME OF FATHER Daniel Braymer,
BIRTHPLACE OF FATHER (City or town, State or foreign country) Hebron, N. Y.
MAIDEN NAME OF MOTHER Lucina Woodard,
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hebron, N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Stella Braymer
(ADDRESS) Braymer, Mo.

FILED Aug 20 1921 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18, 1921
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 9, 1921, to Aug 18, 1921, that I last saw him alive on Aug. 18, 1921, and that death occurred, on the date stated above, at 7:10 p. m.

The CAUSE OF DEATH* was as follows:
Embolism of middle meningeal artery

(Duration) ____ yrs. ____ mos. 10 ds.
Contributory Smility
(SECONDARY)
(Duration) 10 yrs. ____ mos. ____ ds.
(Signed) Geo. S. Howell M. D.
Aug. 19, 1921. (Address) Braymer, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

PLACE OF BURIAL OR REMOVAL Braymer Evergreen Cemerty, Aug. 21, 1921

UNDERTAKER E. P. Michael - Braymer, Mo. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGK 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.

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, 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 who are engaged in the duties of the household (paid *Housekeepers* who receive a definite salary), entered as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*, should be taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been discontinued or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If removed from business, that fact may be indicated thus: (*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 reference to time and causation), using always the same term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "throat" or "up"); *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.)

statement. Never return "Laborer," "Fore-
"Manager," "Dealer," etc., without more
specification, as *Day laborer, Farm laborer,*
etc. Women at home, who are