

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28101

1 PLACE OF DEATH

County Marion
Township Revier
or
Village
or
City Revier Mo (NO. St. Ward)

Registration District No. 527

File No.

Primary Registration District No. 4313

Registered No. 36

2 FULL NAME

Mrs. Louise Babel

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OF DIVORCED Married
(Write the word)

6 DATE OF BIRTH May 11, 1856
(Month) (Day) (Year)

7 AGE 66 yrs. 4 mos. 27 ds. If LESS than 1 day, ... hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work domestic
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Germany

PARENTS
10 NAME OF FATHER Carl Mader
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
12 MAIDEN NAME OF MOTHER Maria Hanzel
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 Babel
(Address) Revier Mo

15 Filed Oct. 9, 1922 L.O. Mason Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 8, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 3, 1922, to Oct 8, 1922, that I last saw her alive on Oct 8, 1922, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH was as follows:
Paralytic stroke
(Duration) yrs. mos. 6 ds.

CONTRIBUTORY Arteriosclerosis
(Secondary) (Duration) yrs. mos. 7 ds.
(Signed) L.O. Mason M. D.
Oct 9, 1922 (Address) Revier 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 Revier Oakwood DATE OF BURIAL Oct 10, 1922

20 UNDERTAKER J. Edwards ADDRESS Revier 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*, *Composer*, *Artist*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, 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*. There 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*; *Broncho pneumonia* ("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), 20 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," "Haem-

orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Syncope," etc., when definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage, as *Peripneumonia septicaemia*, "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state mechanism 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*; *Deep laceration of head—homicide*; *Poisoned by hydrocyanic acid—probably suicide*. The nature of the injury, as *fracture of skull*, and consequences (e.g., *septicaemia*) may be stated under the head of "Contributory." (Recommendations in statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

THE CAUSE OF DEATH.—See on following:

1. NAME OF DECEASED	2. SEX	3. AGE	4. RACE	5. PLACE OF BIRTH	6. PLACE OF DEATH	7. DATE OF DEATH	8. TIME OF DEATH	9. PLACE OF BURIAL	10. NAME OF	11. NAME OF	12. NAME OF	13. NAME OF	14. NAME OF	15. NAME OF	16. NAME OF	17. NAME OF	18. NAME OF	19. NAME OF	20. NAME OF	21. NAME OF	22. NAME OF	23. NAME OF	24. NAME OF	25. NAME OF	26. NAME OF	27. NAME OF	28. NAME OF	29. NAME OF	30. NAME OF	31. NAME OF	32. NAME OF	33. NAME OF	34. NAME OF	35. NAME OF	36. NAME OF	37. NAME OF	38. NAME OF	39. NAME OF	40. NAME OF	41. NAME OF	42. NAME OF	43. NAME OF	44. NAME OF	45. NAME OF	46. NAME OF	47. NAME OF	48. NAME OF	49. NAME OF	50. NAME OF	51. NAME OF	52. NAME OF	53. NAME OF	54. NAME OF	55. NAME OF	56. NAME OF	57. NAME OF	58. NAME OF	59. NAME OF	60. NAME OF	61. NAME OF	62. NAME OF	63. NAME OF	64. NAME OF	65. NAME OF	66. NAME OF	67. NAME OF	68. NAME OF	69. NAME OF	70. NAME OF	71. NAME OF	72. NAME OF	73. NAME OF	74. NAME OF	75. NAME OF	76. NAME OF	77. NAME OF	78. NAME OF	79. NAME OF	80. NAME OF	81. NAME OF	82. NAME OF	83. NAME OF	84. NAME OF	85. NAME OF	86. NAME OF	87. NAME OF	88. NAME OF	89. NAME OF	90. NAME OF	91. NAME OF	92. NAME OF	93. NAME OF	94. NAME OF	95. NAME OF	96. NAME OF	97. NAME OF	98. NAME OF	99. NAME OF	100. NAME OF
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