

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

Do not use this space.

4043

**1. PLACE OF DEATH**

County Greene Registration District No. 316 File No. \_\_\_\_\_  
 Township Wagon Primary Registration District No. 4191 Registered No. 10  
 City Ash Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George Weidinger  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/11 1924  
 17. \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Weidinger

I HEREBY CERTIFY, That I attended deceased from Feb 1 1923 to Jan 30 1924 that I last saw h. live on Jan 25 1924 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/26/1855

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Obstruction of Stomach

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 2 15

CONTRIBUTORY (SECONDARY) 44 yrs. mos. da.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Butcher  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retail Meat Market  
 (c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) W. H. [Signature] M. D.  
2-11-1924 (Address) Ash Grove Mo

9. BIRTHPLACE (CITY OR TOWN) Cynthiana Falls & Ohio  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Geo Weidinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mrs. Hashman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs Emma Weidinger  
 (Address) Ash Grove Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ash Grove Cemetery DATE OF BURIAL 2/12 1924

15. FILED 3-7 1924 REGISTRAR

20. UNDERTAKER Charles Gassway ADDRESS Ash Grove Mo

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.

## Revised United States Certificate of Death

(Approved by U. S. Census and American Medical Association.)

**Statement of Occupation.**—Precise occupation is very important, so that the healthfulness of various pursuits can be questioned. The question applies to each and every person, irrespective of age. For many occupations a statement on the first line will be sufficient, as *Planter, Physician, Compositor, Architective Engineer, Civil Engineer, Stationary Engineer*. But in many cases, especially in industries, it is necessary to know (a) the nature of the business and also (b) the nature of the business and therefore an additional line is provided for a second statement; it should be used only when necessary. As examples: (a) *Spinner*, (b) *Cotton manufacturer*, (c) *Grocery*, (a) *Foreman*, (b) *Assistant*. The material worked on may form a second statement. Never return "Laborer," "Manager," "Dealer," etc., without precise specification, as *Day laborer, Laborer—Coal mine*, etc. Women at home engaged in the duties of the household are entered as *Housewife, Housework* or *Children*, not gainfully employed, as *At home*. Care should be taken to report the occupations of persons engaged in service for wages, as *Servant, Cook, Helper*. If the occupation has been changed on account of the DISEASE CAUSING DEATH, state the occupation at beginning of illness. If retirement, that fact may be indicated thus: *tired, 6 yrs.* For persons who have died of whatever, write *None*.

**Statement of Cause of Death.**—Use the DISEASE CAUSING DEATH (the primary with respect to time and causation), using the same accepted term for the same disease: *Cerebrospinal fever* (the only definite "Epidemic cerebrospinal meningitis") (avoid use of "Croup"); *Typhoid fever*

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"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of.....* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *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 "Asthemia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.