

ORIGINAL
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

6694

1 PLACE OF DEATH
County Stibson 22 State Missouri Registered No. _____
Township Lincoln 40th _____ or
City Westboro No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Walter Henry Bredensteiner
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May Bredensteiner

6 DATE OF BIRTH (month, day, and year) Feb 22 1895

7 AGE Years 29 Months 0 Days 29 If less than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Westboro
(State or country) Missouri

10 NAME OF FATHER Wm Bredensteiner

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Walker

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or Country) Germany

14 Informant Henry J Bredensteiner
(Address) Westboro Mo.

15 Filed March 24 W. H. H. H. Registrar

7 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1924

17 HEREBY CERTIFY, That I attended deceased from Mar 20, 1924, to Mar 21, 1924
that I last saw him alive on Mar 21, 1924,
and that death occurred, on the date stated above, at 10 P. m.
THE CAUSE OF DEATH* was as follows:

Acute febrile meningitis
Coma
79K
118
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Acute subacute
(Secondary) gastritis (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____
if not at place of death? _____

Was an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? J. F. Aldrich M. D.
(Signed) J. F. Aldrich M. D.

3-22-1924 (Address) Shenandoah

*State the disease causing death, or in deaths from violent causes state (1) means and nature of injury, and (2) whether accidental, suicidal, or homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL German Cem Socy DATE OF BURIAL Mar 24 1924

20 UNDERTAKER W. H. Campbell ADDRESS Forrest

MARGIN RESERVED FOR FINDING

8-21-450M
V. S. No. 4—Original
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

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 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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Sarcoma*, *Sarcoma*, etc., of..... (name origin; "Sarcoma" is less definite; avoid use of "Tumor" for important 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaus-

tion," "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.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.