

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.

MISSOURI STA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Osage
Township 43
or Westphalia
Village Mo.
or
City Mo. (NO St. Ward)

Registration District No. 642 File No. 24000
Primary Registration District No. 5851 Registered No.

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

2 FULL NAME Fritz Obachinger, Sr. Obigschleiser, Sr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE widower
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH January 3rd 1843
(Month) (Day) (Year)

7 AGE 81 yrs. 7 mos. — ds. If LESS than 1 day...hrs. or...min.?

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

9 BIRTHPLACE (City or town, State or foreign country) American Obigschleiser

PARENTS
10 NAME OF FATHER Johann Obigtz
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
12 MAIDEN NAME OF MOTHER Margaret Hammer
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 G. Brune
(Address) Westphalia, Mo.

15 Filed 1 Sept 1924 Dr. Boiles Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 30th 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191... to 191...
that I last saw h. X alive on X 191...
and that death occurred, on the date stated above, at...m.

The CAUSE OF DEATH* was as follows:
Senility "General debility"

151
Duration 164 yrs. mos. ds.

CONTRIBUTORY (Secondary) 164
(Duration) yrs. mos. ds.
(Signed) Sept 1 1924 A. L. Brown M. D.
(Address) Westphalia, 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 1924

19 PLACE OF BURIAL OR REMOVAL Westphalia Mo DATE OF BURIAL Aug 31st 1924

20 UNDERTAKER Henry Brune ADDRESS Westphalia

Certificate

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

Statement of Occupation.—Standard Certificate

occupation is very important, healthfulness of various pursuits, question applies to each and every term of age. For many occupations the term on the first line will be sufficient. *Planter, Physician, Composer, Engineer, Civil Engineer,* etc. But in many cases, especially relative health-employments, it is necessary to know. The question work and also (b) the nature of the industry, and therefore an additional term on the first for the latter statement; it should be needed. As examples: (a) *Spinne, Civil engineer,* (a) *Salesman,* (b) *Grocery,* (a) *Factory,* especially in *mobile factory.* The material work to know (a) the part of the second statement, the business or "Laborer," "Foreman," "Manager," is provided for without more precise specification, when needed. *Farm laborer, Laborer—Coal mine,* (a) *Salesman,* home, who are engaged in the duty *factory.* The hold only (not paid *Housekeepers;* second state-definite salary), may be entered, "Manager," *Housework* or *At home,* and childrearing, as *Day* employed, as *At school* or *At home,* etc. Women be taken to report specifically the household persons engaged in domestic service (definite salary), *Servant, Cook, Housemaid,* etc. If *At home,* and has been changed or given up on *At home.* DISEASE CAUSING DEATH, state occupations giving of illness. If retired from *Part* may be indicated thus: *Part* has been yrs.). For persons who have no disease causing ever, write *None.*

Statement of Cause of Death.—

DISEASE CAUSING DEATH (the primary respect to time and causation), use same accepted term for the same disease, first, the *Cerebrospinal fever* (the only definite "Epidemic cerebrospinal meningitis" (avoid use of "Croup"); *Typhoid fever* ("Epidemic typhoid use of 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.)