

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.

1928

Knowlton

STANDARD CERTIFICATE OF DEATH

822-3 8220P (3) DEPARTMENT OF VITAL STATISTICS STATE OF IOWA

1 PLACE OF DEATH
 County *Wapello* State *Iowa* Registered No. *327 5453*
 Township *South Liberty* or Village _____
 City *Atterman* No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME *Amindor Lehn*
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6a If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah Lehn*

6 DATE OF BIRTH (month, day, and year) *June 8 - 1851*
 7 AGE Years Months Days If less than 1 day, hrs. or min.
76 7 11

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) (State or country) *Penn.*

10 NAME OF FATHER *Chas. Lehn*
 11 BIRTHPLACE OF FATHER (city or town) (State or country) *Penn.*
 12 MAIDEN NAME OF MOTHER *Mary Rudworth*
 13 BIRTHPLACE OF MOTHER (city or town) (State or Country) *Penn.*

14 Informant *M. A. Lehn*
 (Address) *Lisbon Iowa*

15 Filed *1-21, 1928* *M. A. Lehn* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Jan 19 1928*

17 I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1927, to Jan 19, 1928* that I last saw him alive on *Jan 19, 1928* and that death occurred, on the date stated above, at *10:45 p. m.*

THE CAUSE OF DEATH* was as follows:
Acute Dilatation of heart
132 A
95 B (duration) _____ yrs. _____ mos. *20* ds.

CONTRIBUTORY (Secondary) *Nephritis* (duration) _____ yrs. *6* mos. _____ ds.

18 Where was disease contracted (not at place of death)? _____
 Did an operation precede death? *no* Date of _____
 Was there an autopsy? *no*
 What test confirmed diagnosis? _____
 (Signed) *J. B. Gardner*, M. D.
1/19, 1928 (Address) *Lisbon Iowa*

*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 DATE OF BURIAL
Lisbon Iowa *1/22, 28*

20 UNDERTAKER ADDRESS
F. J. Paggott *Atterman*

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*, with children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 ds.)*. 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, meningis, peritonum*, 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

"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.

Wink
8/23/28

"Atro-
bilty"
chaus

HENRY ALBERT, M.D.
COMMISSIONER

Intra
State Department of Health
Des Moines

August 25th,
1928

1925

S-822-3

Mr. Frank Daggett,
126 W. 2nd Street,
Ottumwa, Iowa.

Dear Mr. Daggett:-

Am sorry to bother you again but before filing the death certificate of one "Amendas Lehr" who died on January 19th, 1928 it is necessary that we have the exact Place of Death, as to State and County. Did this man die on the train within the City Limits of Ottumwa or was he dead when the train arrived in Ottumwa. It is essential that we have the exact Place of Death.

With best regards to you and Mrs. Daggett,

I am

Yours very truly,

Henry Albert

Henry Albert, M. D.,
Commissioner

RLM/JC

Dead on train

Sundry Co Mo

Near Sault Mo

Resp

Mr & Mrs Frank L Daggett

1928

5-822-3

STATE BOARD OF HEALTH
MISSOURI
JUN 20 1928

RECEIVED