

22 1928

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

34092

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.

1. PLACE OF DEATH
 County..... *Lawrence* Registration District No. *475*
 Township..... *Spring Run* Primary Registration District No. *5639*
 City..... (No. St. Ward)

2. FULL NAME *Goffred Roessel*
 (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 *11* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. *5*
Registered No. *17*

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 *Marie Seelbach*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr 21-1842*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 | 6 | 1

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 22 1928*

17. I HEREBY CERTIFY That I attended deceased from *Jan 1, 1928* to *Oct 22, 1928* that I last saw him alive on *Oct 21, 1928*, and that death occurred, on the date stated above, at *7:30 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic

(duration) *2* yrs. mos. da.

CONTRIBUTORY (SECONDARY)
903 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) *Same*
 (STATE OR COUNTRY) *Switzerland*

10. NAME OF FATHER *Abraham Roessel*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Noflhoven*
 (STATE OR COUNTRY) *Switzerland*

12. MAIDEN NAME OF MOTHER *Not Known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Switzerland*
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
 WAS THERE AN AUTOPSY? *No*
 WHAT TEST CONFIRMED DIAGNOSIS? *Clinical*
 (Signed) *J. Hill Smith*, M. D.
Oct 23, 1928 (Address) *Lawrence, Mo.*

*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.)

14. INFORMANT *Mrs. Charles Meyer*
 (Address) *Hoberg, Mo.*

15. FILED *10/28/28* *J. Hill Smith*
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Hoberg, Mo.* DATE OF BURIAL *10/23/1928*

20. UNDERTAKER *Mr. Knobe, Excelsior, Mo.*
 ADDRESS

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, 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 w
part of the second stateme
"Laborer," "Foreman," "Mana
without more precise specificat
*Farm laborer, Laborer—Coal m
home, who are engaged in the
hold only (not paid Houseke
definite salary), may be en
Housework or At home, and cl
employed, as At school or At*
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 be-
ginning of illness. If retired from business, that
fact may be indicated thus: *Farmer (retired, 6
yrs.)*. For persons who have no occupation what-
ever, 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, peritoneum, etc.,
Carcinoma, Sarcoma, etc., of _____* (name orig-
in; "Cancer" is less definite; avoid use of "Tumor"
for malignant neoplasm); *Measles, Whooping cough,
Chronic valvular heart disease; Chronic interstitial
nephritis, etc.* The contributory (secondary or in-
tercurrent) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; Broncho-pneumonia (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,"
"Exhaustion," "Heart failure," "Hemorrhage," "In-
antion," "Marasmus," "Old age," "Shock," "Ure-
mia," "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 de-
termine definitely. Examples: *Accidental drown-
ing; struck by railway train—accident; Revolver wound
of head—homicide; Poisoned by carbolic acid—prob-
ably 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 unde-
sirable 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, hemor-
rhage, 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.