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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39302

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 5840
Township Kan — Primary Registration District No. — Registered No. 5840
City Kan City (No. St Joseph Hosp St. 13 Ward)

2. FULL NAME Edwin A. Bockelman
(a) Residence. No. 2730 - Pasco St., 13 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 - 1930
7. AGE — YEARS — MONTHS 10 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Infant.
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) West Milton (STATE OR COUNTRY) Ohio
PARENTS
10. NAME OF FATHER Paul F. Bockelman.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Napoleon (STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Louis Settingerber.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Paul (STATE OR COUNTRY) Minn
14. INFORMANT P. F. Bockelman (Address) 2730 Pasco.
15. FILED 12/1, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 26th, 1930, to Dec 1st, 1930 that I last saw him alive on Dec 1st, 1930 and that death occurred, on the date stated above, at 6 30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Intersusception
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Toxemia
(duration) yrs. mos. 3 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Hosp
DID AN OPERATION PRECEDE DEATH? No. DATE OF 11/30/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Surgery
(Signed) M. F. Sewell M.D
12/1, 1930 (Address) 206 Wirthman Bldg

*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: Napoleon, Ohio — DATE OF BURIAL: Dec 1 30
20. UNDERTAKER: Julian K. Davidson — ADDRESS: City

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
with respect to time and causation),
same accepted term for the same di
Cerebrospinal fever (the only defi
"Epidemic cerebrospinal meningi
(avoid use of "Croup"); *Typhoid f*
"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, Whoop*
Chronic valvular heart disease; Chronic
nephritis, etc. The contributory (second
tercurrent) affection need not be stated
portant. Example: *Measles* (disease causi
29 *ds.; Bronchopneumonia* (secondary)
Never report mere symptoms or terminal
such as "Asthenia," "Anemia" (merely
atic), "Atrophy," "Collapse," "Coma,"
sions," "Debility" ("Congenital," "Seni
"Dropsy," "Exhaustion," "Heart failure
orrhage," "Inanition," "Marasmus,"
"Shock," "Uremia," "Weakness," etc.
definite disease can be ascertained as
Always qualify all diseases resulting
birth or miscarriage, as "PUERPERAL
"PUERPERAL *peritonitis*," etc. State
which surgical operation was undertal
VIOLENT DEATHS state MEANS OF INJURY a
as ACCIDENTAL, SUICIDAL, or HOMICID
probably such, if impossible to determine
Examples: *Accidental drowning; struc*
way train—accident; Revolver wound
homicide, Poisoned by carbolic acid—probd
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,
ia, septicemia, tetanus."
m list suggested will work
an be extended at a later

DATE OF BURIAL
19
ADDRESS
from VIOLENT CAUSES, state
r ACCIDENTAL, SUICIDAL, or
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