

PLACE OF DEATH

County Marie
 Township Jackson
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 1124 5731
 Primary Registration District No. 58579
 File No. _____
 Registered No. _____

5061

2. FULL NAME Adolph George Brendel

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 4

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

9. BIRTHPLACE (CITY OR TOWN) Osage Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Brendel
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage Co. Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Agnes Bauer
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osage Co. Mo
 (STATE OR COUNTRY)

14. INFORMANT Henry Brendel
 (Address) Frederick Mo

15. FILED Feb 10 1931 W.D. Old-Buechler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1931
 17. I HEREBY CERTIFY That I attended deceased from Jan 12 1931 to Jan 17 1931 that I last saw him alive on Jan 17 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Bronchitis Pneumonia
1931
100 A (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY Artery of Gullet (SECONDARY)
 (duration) _____ yrs. _____ mos. 3 ds.
Valvular disease of Aorta 5 mot.

18. WHERE WAS DISEASE CONTRACTED
at home

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Chemia
 (Signed) J. Wessling M. D.
 (Address) Frederick 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.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Family Church, Fredey DATE OF BURIAL Jan 19 1931

20. UNDERTAKER Frederick Humbert Co ADDRESS Frederick Mo

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 truthfulness 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. 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, Miner—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 recorded as *Housewife, Housework or At home,* and 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 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, of DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Prospinal fever* (the only definite synonym is epidemic cerebrospinal meningitis"); *Diphtheria* and use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *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," "Exhaustion," "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.)

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, 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County mauer Registration District No. 542 File No. 21
 Township Jackson Primary Registration District No. 2731 Registered No. 2
 City (No. _____) St. _____ Ward _____

2. FULL NAME Adolph George Brendel

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 4 11 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Osage Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Brendel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage Co Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Charles Bauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osage Co Mo
 (STATE OR COUNTRY)

14. INFORMANT Henry Brendel
 (Address) Freeburg Mo.

15. FILED May 30 1931 Trumps W. Cade
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1931

17. I HEREBY CERTIFY That I attended deceased from Jan 12 1931 to Jan 17 1931
 that I last saw him alive on Jan 17 1931, and that death occurred, on the date stated above, at 9:50 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Broncho pneumonia

CONTRIBUTORY (SECONDARY) Edema glottis
Valvular heart disease

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, at home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) F. J. Wessling, M. D.

, 19 (Address) Freeburg 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holy Family Cem. DATE OF BURIAL Jan 19 1931

20. UNDERTAKER Freeburg Lumber Co ADDRESS Freeburg Mo.

N. P. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1902-5