

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 STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Bole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City (No. _____) St. _____ Ward _____

File No. 33985
Registered No. 266

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Lang</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 - 1859</u>		
7. AGE YEARS <u>77</u>	MONTHS	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal Dealer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Herman Mo</u>		
13. NAME <u>Geo. Lang</u>		
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Carolina Fischer</u>		
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Emma Lang</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herman Mo</u> DATE <u>9/27/36</u>		
19. UNDERTAKER <u>W. R. Ludwig</u> (ADDRESS)		
20. FILED <u>9/25/36</u> <u>W. R. Ludwig</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/24/36

22. I HEREBY CERTIFY, That I attended deceased from 9/24 1936, to 9/24 1936
I last saw him alive on 9/24 1936 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Septic Hemorrhagic enteritis
Intestinal hemorrhage

Other contributory causes of importance:
135

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) W. R. Ludwig, M. D.
(Address) Jeff City Mo

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be documented to ensure transparency and accountability. This is particularly crucial in financial reporting, where even minor discrepancies can lead to significant errors over time.

In addition, the document highlights the need for regular audits and reviews. By conducting periodic checks, organizations can identify potential issues early on and take corrective action before they become major problems. This proactive approach not only helps in maintaining the integrity of the data but also ensures that the organization remains compliant with relevant regulations.

Furthermore, the document stresses the importance of clear communication and collaboration between different departments. It notes that effective record-keeping is not just a task for the accounting department but a shared responsibility that requires input from all stakeholders. Regular meetings and updates can help in staying on top of any changes or updates to the records.

Finally, the document concludes by reiterating the value of a well-maintained record-keeping system. It serves as a reliable source of information for decision-making and provides a clear audit trail for all activities. By following these guidelines, organizations can ensure that their records are accurate, complete, and easy to access.

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1. PLACE OF DEATH

County Cole Registration District No. 213 File No. _____
 Township _____ Primary Registration District No. 3014 Registered No. 266
 City Jefferson City (No. _____) St. _____ Ward _____

2. FULL NAME

(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) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 9/25/36 Dr. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Tubercular meningitis
Septicemic meningitis
Intestinal hemorrhage
cause not known

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. V. Bedford M. D.
 (Address) Jeff city

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.

S-33985