

WRITE PLAINLY, WILL A. N. B.—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH Henry
 County Fairview
 Township _____
 or _____
 Village _____
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 351 File No. 22838
 Primary Registration District No. 3492 Registered No. 17

FULL NAME Matthew Michael Bramm

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>
DATE OF BIRTH <u>January 17, 1838</u> <small>(Month) (Day) (Year)</small>		
AGE <u>74</u> yrs. <u>9</u> mos. <u>9</u> ds. <small>IF LESS than 1 day, ___ hrs. or ___ min.?</small>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farm</u>		
BIRTHPLACE <u>Letnam Co Indiana</u> <small>(City or town, State or foreign country)</small>		
PARENTS	NAME OF FATHER <u>Josiah Bramm</u>	
	BIRTHPLACE OF FATHER <u>Ohio</u> <small>(City or town, State or foreign country)</small>	
	MAIDEN NAME OF MOTHER <u>Margaret Hickman</u>	
	BIRTHPLACE OF MOTHER <u>Pennsylvania</u> <small>(City or town, State or foreign country)</small>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 1, 1912, to July 20, 1912, that I last saw him alive on July 20, 1912, and that death occurred, on the date stated above, at 12th a.m.

The CAUSE OF DEATH* was as follows:
Myocarditis (Chronic)
95%
Don't know
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory 8
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W. A. Rogers M.D.
July 26, 1912 (Address) Brownington

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Maplewood Cemetery DATE OF BURIAL July 27, 1912

UNDERTAKER W. A. Rickett ADDRESS Brownington Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edward Bramm
Deepwater Mo
(ADDRESS)

Filed July 26, 1912 J. J. Pursey REGISTRAR

Revised United States Standard Certificate of Death

S. Census and American Public Health Association]

cupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary the kind of work and also (b) the business or industry, and therefore an example is provided for the latter statement; it is given only when needed. As examples: (a) *Foreman 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 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*; *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, 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 "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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.)

