

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  
County Cole  
Township Orange  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 216 File No. 15662  
Primary Registration District No. 5296 Registered No. 2

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

FULL NAME Magratha Frisch

PERSONAL AND STATISTICAL PARTICULARS

|   |   |  |
|---|---|--|
| SEX<br><u>Female</u>  | COLOR OR RACE<br><u>White</u>   | SINGLE MARRIED <del>WIDOWED</del><br>OR DIVORCED<br>(Write the word)<br><u>Widowed</u>         |
| DATE OF BIRTH<br><u>Nov 9th 1887</u><br>(Month) (Day) (Year)  |   | AGE<br><u>86</u> yrs. <u>5</u> mos. <u>18</u> ds.<br>IF LESS than 1 day, ___ hrs. or ___ min.? |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work<br>(b) General nature of industry, business, or establishment in which employed (or employer)<br><u>Housewife</u> |   |  |
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>Clem, Tex.</u>   |   |  |
| PARENTS   | NAME OF FATHER<br><u>M. Frisch</u>  |  |
|   | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>Clem, Tex.</u> |  |
|   | MAIDEN NAME OF MOTHER<br><u>Mrs. Frisch</u>   |  |
|   | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Clem, Tex.</u> |  |

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 25, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 27, 1914, to April 25, 1914, that I last saw her alive on April 15, 1914 and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH\* was as follows:  
Aortic Stenosis and Senile debility

Contributory Phlebotomy  
(SECONDARY) (Duration) about 10 years

(Signed) Henry C. Verner M. D.  
April 25, 1914 (Address) St. Thomas Mo

\*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. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Walther Meyer DATE OF BURIAL April 28, 1914  
UNDERTAKER Walther Meyer ADDRESS \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Berman Frisch  
(ADDRESS) Jefferson City  
Filed May 3, 1914 L. A. T. Meyer REGISTRAR

# United States Standard Certificate of Death

[ U. S. Census and American Public Health Association ]

**Place of occupation.**—Precise statement of very important, so that the relative healthful pursuits can be known. The question should be asked of every person, irrespective of age. Use only one occupation, a single word or term on the first line, sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Merchant, etc.* But in many cases especially in foreign employments, it is necessary to know (a) the nature and also (b) the nature of the business or profession; therefore an additional line is provided for this purpose; it should be used only when needed.

(a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory.* The occupation may form part of the second statement on return "Laborer," "Foreman," "Manager," "Clerk," without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household and *Housekeepers* who receive a definite salary, should be stated as *Housewife, Housework, or At home, and* if gainfully employed, as *At school or At home.* Do not be taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Housemaid, etc.* If the occupation has been given up on account of the DISEASE CAUSING DEATH, occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Retired, 6 yrs.* For persons who have no occupation, ever, write *None.*

**Cause of death.**—Name, first, the primary affection (the primary affection with remote and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" never report "Typhoid pneumonia"; *Bronchopneumonia* ("Pneumonia" is indefinite); *Tuberculosis of lungs, Peritonaeum, etc., Carcinoma, Sarcoma, etc.* of (name origin; "Cancer" is less definite; avoid "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," "Uræmia," "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.)

V. B. No. 2.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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