

WRITE PLAINLY, WITH UNFADING INK—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

County Gasconade
Township Bourbois
or
Village Red Bird
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 308 File No. 37713
Primary Registration District No. 5426 Registered No. _____

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

FULL NAME Frank Cordes

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH June 11, 1848
(Month) (Day) (Year)

AGE 62 yrs. 6 mos. 11 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) General Farmer

BIRTHPLACE (City or town, State or foreign country) Ray Mo.

PARENTS
NAME OF FATHER Casper Cordes
BIRTHPLACE OF FATHER (City or town, State or foreign country) Europe
MAIDEN NAME OF MOTHER Hilber Wotmann
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Europe

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Katie Cordes

(ADDRESS) Red Bird Mo, RFD, Mo

Filed ✓ 1910 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 19, 1910, to Dec 22, 1910, that I last saw him alive on Dec 22, 1910,

and that death occurred, on the date stated above, at 6.48 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ____ yrs. 7 mos. ____ ds.

Contributory Mal Nutrition
(SECONDARY) (Duration) ____ yrs. 3 mos. ____ ds.

(Signed) M. E. Spurgeon M. D.
Dec 22, 1910 (Address) Red Bird 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 Red Cemetery DATE OF BURIAL Dec 24, 1910

UNDERTAKER Chas Stone ADDRESS Red Bird 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 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*, *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. 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 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.)



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STATE OF MISSOURI

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

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

County Gasconade
Township Bourbon
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 308 File No. 37713
Primary Registration District No. 5426 Registered No. _____

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

FULL NAME Frank Leonard

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RADE W
 SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED
(Write in the words)

DATE OF BIRTH 6-11-1848
(Month) (Day) (Year)

AGE 62 yrs. 6 mos. 11 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (e. employer) Farm Work

BIRTHPLACE
 (City or town, State or foreign country) Bay, Mo

PARENTS
 NAME OF FATHER Gayle Leonard
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Europe
 MAIDEN NAME OF MOTHER Riches Erdmann
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Europe

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Fatie Leonard
 (ADDRESS) Red Bud, Mo R.D.#1

Filed Dec 23 1910 T. B. Farrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-22, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/19, 1910, to 12/22, 1910, that I last saw alive on 12/22, 1910, and that death occurred, on the date stated above, at 4:50 P.

The CAUSE OF DEATH* was as follows:
Globular Pneumonia
 (Duration) ____ yrs. 7 mos. ____ ds.

Contributory rust-retention
 (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) McSpurgeon M. D.
12/22 1910 (Address) Red Bud, 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 Red Bud - DATE OF BURIAL 12-24 1910
 UNDERTAKER Chas Stone ADDRESS Red Bud Mo

file date Dec 23 DEC 23 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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.)