

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

PLACE OF DEATH
County Morgan
Township Rickland
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

10
Registration District No. 6001 File No. 7264
Primary Registration District No. 5796 Registered No. 6

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

FULL NAME Robert Bane

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

DATE OF DEATH Feb 1, 1911
(Month) (Day) (Year)

DATE OF BIRTH May 20, 1835
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 24, 1911, to Feb 1, 1911, that I last saw him alive on Jan 28, 1911.

AGE 75 yrs. 6 mos. 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1000

Lagrippe
92A
1913

BIRTHPLAQUE (City or town, State or foreign country) Virginia

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

PARENTS NAME OF FATHER Alexander Bane

Contributory Violent resurgitation
(SECONDARY)

BIRTHPLAQUE OF FATHER (City or town, State or foreign country) Virginia

(Signed) Paul L. Fogel M. D.

MAIDEN NAME OF MOTHER unknown

(Address) Otterville

BIRTHPLAQUE OF MOTHER (City or town, State or foreign country) unknown

*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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PLACE OF BURIAL OR REMOVAL Otterville

DATE OF BURIAL Feb 2, 1911

(Informant) _____ (ADDRESS) _____

UNDERTAKER Books Stephens

ADDRESS Otterville Mo

Filed 2/5, 1911 W. G. Gunn REGISTRAR

Information should be given in plain terms, so that it should be self-explanatory. Exact statement of OCCUPATION is very important. r. KACTLY. PHYSICIANS should state

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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Morgan
 Township Richland
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 601 File No. 7 West
 Primary Registration District No. 5796 Registered No. 6

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

FULL NAME Robert Bane

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

DATE OF BIRTH May 20, 1835
(Month) (Day) (Year)

AGE 75 yrs. 8 mos. 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb-1, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 24, 1911, to Feb-1, 1911, that I last saw him alive on Jan 28, 1911, and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH* was as follows:
La Grippe

BIRTHPLAOE (City or town, State or foreign country) Virginia

NAME OF FATHER Alvin Bane

BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) Mitral regurgitation
 (Duration) 5 yrs. _____ mos. _____ ds.

(Signed) Robt. L. Fogt M. D.
 1911 (Address) Otterville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) R. L. Fogt X
 (ADDRESS) Otterville 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 _____

Filed 2/5 1911 W. G. Gurnea
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Otterville DATE OF BURIAL Feb. 2 1911
 UNDERTAKER Brooks & Stephens ADDRESS Otterville Mo

Revised United States Standard Certificate of Death

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

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