

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 Christian

Township _____

Village _____

City Bellings-Mo (NO. _____)

Registration District No. 187

File No. 40836

Primary Registration District No. 4107

Registered No. 25

St. _____ Ward _____

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

FULL NAME Engene Sterling Rauch

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH Dec 14, 1911
(Month) (Day) (Year)

DATE OF BIRTH Sept 18, 1905
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 24, 1911, to Dec 14, 1911, that I last saw him alive on Dec 9, 1911, and that death occurred, on the date stated above, at 10:40 P.M.

AGE 6 yrs. 2 mos. 26 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Pulmonary abscess
1146

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Bellings - mo

(Duration) ___ yrs. ___ mos. 20 ds.

NAME OF FATHER George Rauch

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

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

(Signed) Fred H Brown M. D. Dec 15, 1911 (Address) Bellings - mo

MAIDEN NAME OF MOTHER Mattie Hart

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

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo Rauch Jr

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

(ADDRESS) Bellings - mo

PLACE OF BURIAL OR REMOVAL Moss Hill Cemetery DATE OF BURIAL Dec 15, 1911

Filed Dec 15, 1911 Fred H Brown REGISTRAR

UNDERTAKER Sanders Merc Co ADDRESS Bellings - 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*, *Compositor*, *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.)



MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH
 County Cherokee
 Township 181
 or
 Village Billings
 or
 City Billings (NO. 181 St. 4107 Ward 75)

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

FULL NAME Regene Sterling Ranch

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED S WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH 9/18, 1905
 (Month) (Day) (Year)

AGE 6 yrs. 2 mos. 16 ds. If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) None

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

PARENTS
 NAME OF FATHER Sw. Birch
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo. Birch
 MAIDEN NAME OF MOTHER Nettie Pitt
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo. Birch

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/14, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11/14, 1911, to 12/14, 1911, that I last saw her on 12/14, 1911, and that death occurred, on the date stated above at 10 m.

The CAUSE OF DEATH* was as follows:
Injury received in playing at school pulmonary abscess

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

Contributory (Secondary) None
 (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Brown M. D.
12/15, 1911 (Address) Billings

*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
 (Informant) Regene Ranch
 (ADDRESS) Billings
 Filed 12/15, 1911 J. H. Brown REGISTRAR

PLACE OF BURIAL OR REMOVAL Wesley Hill Cem. DATE OF BURIAL 12/15, 1911
 UNDERTAKER Wander Merc. Co. ADDRESS Billings

Revised United States Standard Certificate of Death

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

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