

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 Bollinger
Township Loraine
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 67 File No. 136
Primary Registration District No. 5702C Registered No. 12

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	BINGLE MARRIED, WIDOWED OR DIVORCED <u>Married</u> <small>(Write the word)</small>	DATE OF DEATH <u>December 2</u> <u>26</u> , 191 <u>1</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>April</u> <u>4</u> , 18 <u>72</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Dec 19</u> , 191 <u>1</u> , to <u>Dec 26</u> , 191 <u>1</u> , that I last saw him alive on <u>Dec 19</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>about 2 A.</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>108</u> <u>131</u> <u>Chronic Hepatitis</u> <u>Several years</u> (Duration) <u>3 or more</u> yrs. <u>7</u> mos. <u>7</u> ds. Contributory <u>Chronic Hepatitis</u> <small>(SECONDARY)</small> <u>Several years</u> (Duration) <u>3 or more</u> yrs. <u>7</u> mos. <u>7</u> ds. (Signed) <u>C. M. Witmer</u> M. D. <u>Jan 2</u> , 191 <u>2</u> (Address) <u>Marble Hill Mo</u>	
AGE <u>39</u> yrs. <u>9</u> mos. <u>2</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) _____			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE (City or town, State or foreign country) <u>Ill. 1-02</u>				
PARENTS	NAME OF FATHER <u>F. A. Sadler</u>		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 _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Oak Ridge Cape Co. Mo.</u>			
	MAIDEN NAME OF MOTHER <u>Larinda Samar</u>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cobden Ill.</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>C. M. Witmer</u>			PLACE OF BURIAL OR REMOVAL <small>(C.D.)</small> <u>Home Chapel Bur. no.</u> DATE OF BURIAL <u>Dec 28</u> , 191 <u>1</u>	
(ADDRESS) <u>Marble Hill Mo</u>				
Filed <u>Jan 2</u> , 191 <u>2</u> <u>W. H. Sanders</u> REGISTRAR			UNDERTAKER <u>B. H. Ramsey</u>	
			ADDRESS <u>Huskey Mo</u>	

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*, *peritonacum*, 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 septichaemia," "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.)



...DING INK—THIS IS A PERMANENT RECORD

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PLACE OF BIRTH _____

County Bellingham
 Township Lorraine
 or _____
 Village _____
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

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

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

Registration District No. 67 File No. 136
 Primary Registration District No. 5102c Registered No. 12

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

FULL NAME Harry Lee Sessler

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word) married
 DATE OF BIRTH Apr. 4, 1872 (Month) (Day) (Year)
 AGE 39 yrs. 9 mos. 2 ds. IF LESS than 1 day, hrs. or mins.

DATE OF DEATH December 26, 1911 (Month) (Day) (Year)

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

HEREBY CERTIFY, that I attended deceased from Dec. 19, 1911, to Dec. 26, 1911, that I last saw him alive on 19, 1911, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH* was as follows:

BIRTHPLACE (City or town, State or foreign country) Ill.

(Duration) _____ yrs. _____ mos. 7 ds.
 Contributory Chronic Nephritis (SECONDARY) several years (Duration) 3 or yrs. mos. ds.

PARENTS
 NAME OF FATHER P. A. Sessler
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Oak Ridge, Cal.
 MAIDEN NAME OF MOTHER Lazena Laman
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cobden Ill.

(Signed) C. M. Witmer M. D.
Jan. 2, 1912 (Address) Marble Hill Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) C. M. Witmer
 (ADDRESS) Marble Hill Mo.

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

Filed Jan 9, 1912 W. S. Anderson REGISTRAR

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 Home Chapel Bellingham DATE OF BURIAL Dec. 28, 1911
 UNDERTAKER B. N. Ramsey ADDRESS Husky Mo.

Original file date JAN 9, 1912 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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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.)