

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.

| PLACE OF DEATH   |                      |   | MISSOURI STATE BOARD OF HEALTH<br>BUREAU OF VITAL STATISTICS<br>CERTIFICATE OF DEATH  |      |                |                |
|--|----------------------|---|---|------|----------------|----------------|
| County   | Cape Girardeau       |   | Registration District No.   | 125  | File No.       | 421            |
| Township   | Cape Girardeau       |   | Primary Registration District No.   | 3009 | Registered No. | 228            |
| Village  |                      |   | (NO.)   |      | St.            | Ward           |
| City   |                      |   | FULL NAME August Brunecke   |      |                |                |
| PERSONAL AND STATISTICAL PARTICULARS   |                      |   | MEDICAL CERTIFICATE OF DEATH  |      |                |                |
| SEX  | COLOR OR RACE        | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) | DATE OF DEATH   |      |                |                |
| Male   | White                | Married   | Jan 17, 1912<br>(Month) (Day) (Year)  |      |                |                |
| DATE OF BIRTH  |                      |   | I HEREBY CERTIFY, that I attended deceased from   |      |                |                |
| September 26, 1860<br>(Month) (Day) (Year)   |                      |   | Jan 13, 1912, to Jan 17, 1912,<br>that I last saw him alive on Jan 17, 1912,<br>and that death occurred, on the date stated above, at 10:10 P.      |      |                |                |
| AGE  |                      |   | The CAUSE OF DEATH* was as follows:   |      |                |                |
| 51 yrs. 3 mos. 22 ds.  |                      |   | Uraemia<br>1 1/2<br>1 1/2 P<br>1 1/2 P  |      |                |                |
| OCCUPATION   |                      |   | Contributory  |      |                |                |
| (a) Trade, profession, or particular kind of work Stationery Engineer                            |                      |   | (SECONDARY) _____<br>(Duration) _____ yrs. _____ mos. _____ ds.   |      |                |                |
| (b) General nature of industry, business, or establishment in which employed (or employer) 6-111 |                      |   | Signed) E. N. Gregory Wilson M. D.<br>Jan 18, 1912 (Address) Cape Girardeau   |      |                |                |
| BIRTHPLACE   |                      |   | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |      |                |                |
| (City or town, State or foreign country) Cape Girardeau  |                      |   | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  |      |                |                |
| PARENTS  | NAME OF FATHER       |   | At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.  |      |                |                |
|  | Mr. Fred C. Brunecke |   | Where was disease contracted If not at place of death?  |      |                |                |
|  | BIRTHPLACE OF FATHER |   | Former or usual residence   |      |                |                |
|  | Germany              |   | PLACE OF BURIAL OR REMOVAL  |      |                |                |
| MAIDEN NAME OF MOTHER  |                      | Mrs. Denia Hunzge                                   |   |      |                | DATE OF BURIAL |
| BIRTHPLACE OF MOTHER   |                      | Germany   |   |      |                | 1/20 1912      |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  |                      |   |   |      |                | UNDERTAKER     |
| (Informant) Mrs. Denia Brunecke,   |                      |   |   |      |                | Al Brinkhoff   |
| (ADDRESS) 522 Bellevue St.,  |                      |   |   |      |                | ADDRESS        |
| Cape Girardeau Mo.   |                      |   |   |      |                | 533 Broadway   |
| Filed Jan 18, 1912, Geo. Edgaffey  |                      |   |   |      |                |                |
| REGISTRAR  |                      |   |   |      |                |                |

# 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*, *peritonaeum*, 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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

Registration District No. 125

File No. 471

or Village \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

or City Cape Gir. (NO. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Ray, Bruce

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX \_\_\_\_\_ COLOR OR RACE \_\_\_\_\_ SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH \_\_\_\_\_, 1911  
(Month) (Day) (Year)

DATE OF BIRTH \_\_\_\_\_, 191\_\_\_\_\_  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 191\_\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ pr. \_\_\_\_\_ min.

The CAUSE OF DEATH\* was as follows:  
Artemia

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_

Chronic Nephritis

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Don't know - took medicine for 2 yrs - Patent medicine

BIRTHPLACE (City or town, State or foreign country) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER \_\_\_\_\_

(Signed) E. A. Gregory, Wilson M. D.

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

(Address) Cape Girardeau, Mo

MAIDEN NAME OF MOTHER \_\_\_\_\_

\*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) \_\_\_\_\_

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? \_\_\_\_\_

(Informant) \_\_\_\_\_

Former or usual residence \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 191\_\_\_\_

Filed \_\_\_\_\_, 191\_\_\_\_

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

REGISTRAR

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.

E. A. Gregory, Wilson, Cape Gir.

SUPPLEMENTARY

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