

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

PLACE OF DEATH
County Cape Gir.
Township Whitewater Registration District No. 130 File No. 447
or Whitewater Primary Registration District No. 4073 Registered No. 2
or City _____ (NO. _____) St. _____ Ward _____
FULL NAME William Stroder Jr. (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>M</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>Jan. 13, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Jan 15, 1864</u> (Month) (Day) (Year)			I HEREBY CERTIFY that I attended deceased from <u>Jan 9, 1912</u> , to <u>Jan 13, 1912</u> , that I last saw him alive on <u>Jan 13, 1912</u> , and that death occurred, on the date stated above, at _____ m.	
AGE <u>47</u> yrs. ____ mos. ____ ds.		IF LESS than 1 day, ____ hrs. or ____ min.?	The CAUSE OF DEATH* was as follows: <u>Cerebro spinal meningitis.</u> <u>18 1/2</u> (Duration) yrs. ____ mos. <u>7</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Painter</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>J. B.</u>			Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds. (Signed) <u>A. M. Muesley</u> M. D. <u>Jan 13, 1912</u> (Address) <u>Whitewater</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Whitewater</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>William Stroder</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Cape Gir., Co. L. Imp.</u>		Where was disease contracted If not at place of death?	
	MAIDEN NAME OF MOTHER <u>Macy O. Moore</u>		Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>McCracken St.</u>		PLACE OF BURIAL OR REMOVAL <u>Stroderville Cemetery</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm Stroder Jr.</u>			DATE OF BURIAL <u>Jan 14, 1912</u>	
(ADDRESS) <u>Whitewater, Mo.</u>			UNDERTAKER <u>Whitewater Meeks</u>	
Filed <u>Jan 13, 1912</u> <u>A. M. Muesley</u> REGISTRAR			ADDRESS <u>Whitewater</u> <u>J. M. Slope</u> Mo.	

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.

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.)



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

County Cape Girardeau **BUREAU OF VITAL STATISTICS**
CERTIFICATE OF DEATH

Township _____ **Registration District No.** 130 **File No.** 447
 or **Village** Whitewater **Primary Registration District No.** 4073 **Registered No.** 2
 or **City** _____ **(NO. _____ St. _____ Ward)**

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

FULL NAME William Stroder Jr

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>M.</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>June 13</u> , 19 <u>12</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Jan 15</u> , 18 <u>64</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 9</u> , 19 <u>12</u> , to <u>Jan 13</u> , 19 <u>12</u> , that I last saw <u>deceased</u> on <u>Jan 13</u> , 19 <u>12</u> and that death occurred, on the date stated above, at <u>8 P.</u> m.	
AGE <u>47</u> yrs. _____ mos. _____ ds.			and that death occurred, on the date stated above, at <u>8 P.</u> m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Painter</u>			The CAUSE OF DEATH* was as follows: <u>Expendable</u> <u>Subspinal meningitis</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) _____ yrs. _____ mos. <u>7</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Whitewater</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>William Stroder</u>		(Stated) <u>A. M. Murphy</u> M. D. <u>Jan 13</u> , 19 <u>12</u> (Address) <u>Whitewater</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Cape Girardeau, Mo.</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Nancy Moore</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>McCrackew Co Ky</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Wm Stroder Sr</u>			Where was disease contracted If not at place of death? _____	
(ADDRESS) <u>Whitewater Mo.</u>			Former or usual residence _____	
Filed <u>Jan 13</u> , 19 <u>12</u> <u>A. M. Murphy</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Strodersville Cem</u>	
			DATE OF BURIAL <u>Jan 14</u> , 19 <u>12</u>	
			UNDERTAKER <u>Whitewater Merc Co.</u>	
			ADDRESS <u>Whitewater Mo</u>	

* All information called for must be written on this Supplementary Certificate.

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Revised United States Standard Certificate of Death

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

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