

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 County <u>Iron</u>	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 22900 <del>22904</del>
Township <u>Arendia</u>	Registration District No. <u>392</u>
Village _____	Primary Registration District No. <u>5346B</u>
City _____ (NO. _____ St. _____ Ward _____)	Registered No. <u>7</u>
FULL NAME <u>Elizabeth Novak</u>	

(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>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>July 6</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Apr. 30</u> , 18 <u>87</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>July 6</u> , 191 <u>2</u> , to <u>July 6</u> , 191 <u>2</u> , that I last saw her alive on <u>July 6</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>8 p.m.</u>	
AGE <u>75</u> yrs. <u>2</u> mos. <u>6</u> ds.			The CAUSE OF DEATH* was as follows: <u>Cerebral Haemorrhage</u> <u>825</u> <u>91</u> (Duration) yrs. _____ mos. <u>2</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-30</u>			Contributory <u>not known</u> (SECONDARY) (Duration) yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Austria-Hungary</u>			(Signed) <u>J. A. Martin</u> , M. D. <u>July 6</u> , 191 <u>2</u> (Address) <u>Pilot Knob, Mo.</u>	
PARENTS	NAME OF FATHER <u>Laszlo Somogyi</u>		*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 FATHER <u>Austria-Hungary</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	MAIDEN NAME OF MOTHER <u>Fuket Erzsabet</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER <u>Austria-Hungary</u>		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) <u>Mrs. Ella Papp</u> (ADDRESS) <u>Pilot Knob, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Pilot Knob, Mo.</u>	
Filed <u>July 9</u> , 191 <u>2</u> <u>John S. Lantry</u> REGISTRAR			DATE OF BURIAL <u>July 8</u> , 191 <u>2</u>	
			UNDERTAKER <u>J. A. Ebecht</u>	
			ADDRESS <u>Pilot Knob, 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*, *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.)



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

PLACE OF DEATH

County Iron  
Township Arcadia  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 392 File No. 22900  
Primary Registration District No. 55-46 B Registered No. 7

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

FULL NAME

Elizabeth Novak

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word)
DATE OF BIRTH <u>April 30, 1837</u> (Month) (Day) (Year)		
AGE <u>75</u> yrs. <u>2</u> mos. <u>5</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Austria, Hungary</u>		
PARENTS	NAME OF FATHER <u>Lazlo Domagyi</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Austria, Hungary</u>	
	MAIDEN NAME OF MOTHER <u>Fekete Erzsébet</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Austria, Hungary</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 6, 1912, to July 6, 1912, that I last saw her alive on July 6, 1912, and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH\* was as follows:  
Cerebral hemorrhage

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

Contributory arterio-sclerosis  
(SECONDARY) (Duration) 15 yrs. \_\_\_ mos. \_\_\_ ds.

Signed: J. Hissachin, M.D. (Address) Pilot Knob 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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Ulla Papp  
(ADDRESS) Pilot Knob Mo.

PLACE OF BURIAL OR REMOVAL <u>Pilot Knob Mo.</u>	DATE OF BURIAL <u>July 8, 1912</u>
UNDERTAKER <u>F. A. Ebrecht</u>	ADDRESS <u>Pilot Knob</u>

Filed July 9, 1912 John S. Luthy REGISTRAR

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