

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 Lafayette
 County Lafayette
 Township Paris
 or Higginsville
 Village Higginsville
 or
 City _____ (NO. _____ St.; _____ Ward)

V

Registration District No. 460
 Primary Registration District No. 4274

File No. 36449
 Registered No. 49

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

FULL NAME Edward S Van Anglen

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>widowed</u>
DATE OF BIRTH <u>May 29th</u> , 18 <u>31</u> (Month) (Day) (Year)		
AGE <u>80</u> yrs. <u>10</u> mos. <u>20</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>4-37</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Danville Ky</u>		
PARENTS	NAME OF FATHER <u>Cornelius Van Anglen</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky</u>	
	MAIDEN NAME OF MOTHER <u>Hannah Stelle</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>New Jersey</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 18, 1912, to Nov 19, 1912, that I last saw him alive on Nov 18, 1912, and that death occurred, on the date stated above, at 8 1/2 m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
9229
9513
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory cardiac asthma
 (SECONDARY) many years
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. B. Nett M. D.
Nov 20, 1912 (Address) Higginsville

*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 _____

PLACE OF BURIAL OR REMOVAL <u>Deer Run</u>	DATE OF BURIAL <u>11-21</u> , 19 <u>12</u>
UNDERTAKER <u>Haefert Muenchbach Higginsville</u>	ADDRESS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,
 (Informant) Elizabeth Van Anglen
 (ADDRESS) Higginsville Mo

Filed 11/19, 1912
 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, peritoneum*, etc., *Carcinoma, Sarcoma*, 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

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MISSOURI STATE BOARD OF HEALTH

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

PLACE OF DEATH
 County Lafayette
 Township _____
 or
 Village Higginsville
 or
 City _____ (NO. _____ St. _____ Ward _____)

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 Registration District No. 460 File No. _____
 Primary Registration District No. 4274 Registered No. 49

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

FULL NAME Edward S. Van Anglen

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>wd</u>
DATE OF BIRTH <u>May 29</u> , 18 <u>31</u> (Month) (Day) (Year)		
AGE <u>80</u> yrs. <u>10</u> mos. <u>20</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Ret. merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Ky</u>		
PARENTS	NAME OF FATHER <u>Cornelius Van Anglen</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky</u>	
	MAIDEN NAME OF MOTHER <u>Helen Stahl</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>N. J.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19, 1922
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 18, 1922, to Nov 17, 1922, that I last saw him alive on Nov 18, 1922, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation

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

Contributory Coronary Atherosclerosis
 (SECONDARY) many
 (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W. C. Probst M. D.
Nov 20, 1922 (Address) Higginsville

*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 _____

PLACE OF BURIAL OR REMOVAL Dover Care DATE OF BURIAL 11/21, 1922

UNDERTAKER Hoefert & Meunier ADDRESS Higginsville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Elizabeth Van Anglen
 (ADDRESS) Higginsville

Filed Nov 6, 1922 Chas W. O'Connell
 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*.

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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 "*Asihenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-genital*," "*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.)

366/19