

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

PLACE OF DEATH  
County Howard  
Township Prairie Registration District No. 376 File No. 39110  
or  
Village \_\_\_\_\_ Primary Registration District No. 5324A Registered No. \_\_\_\_\_  
or  
City Armstrong, Mo. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
FULL NAME Berthy Ordineyer

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (If file the word)
DATE OF BIRTH <u>June 13, 1883</u> (Month) (Day) (Year)		
AGE <u>29 yrs. 6 mos. 17 ds.</u>		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>Howard, Mo.</u>		
PARENTS	NAME OF FATHER <u>Pleasant Martin</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>✓</u>	
	MAIDEN NAME OF MOTHER <u>Lucile Yancy</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>1</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 2, 1912, to Dec 26, 1912, that I last saw her alive on Dec 26, 1912, and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH\* was as follows:

Fatty degeneration of the heart  
I do not know how long she  
remained bedridden as she was affected when first  
seen (Duration) 1 yrs. 4 mos. 17 ds.

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

(Signed) M. S. Thompson M. D.  
Dec 27, 1912 (Address) Armstrong, 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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Glasgow, Mo. DATE OF BURIAL Dec 27, 1912

UNDERTAKER Ed. H. Walker ADDRESS Armstrong, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Hugh Robb  
(ADDRESS) Armstrong, Mo.  
Filed Dec 27, 1912 M. S. Thompson  
REGISTRAR

This certificate 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.

# Rev. 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, Composer, 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, 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*" ("*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.)

REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH



PLACE OF DEATH

County Howard  
Township Prairie  
or  
Village  
or  
City (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 376 File No. \_\_\_\_\_  
Primary Registration District No. 5524a Registered No. \_\_\_\_\_

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

FULL NAME Berthy Nordmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed  
DATE OF BIRTH June 13, 1883  
(Month) (Day) (Year)  
AGE 29 yrs. 6 mos. 17 ds. if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work House keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26, 1912  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Oct. 2, 1912 to Dec. 26, 1912, that I last saw her alive on Dec. 26, 1912, and that death occurred, on the date stated above, at 10 a.m.  
The CAUSE OF DEATH\* was as follows:  
Fatty degeneration of the heart

BIRTHPLACE (City or town, State or foreign country) Howard Co., Mo.  
PARENTS  
NAME OF FATHER Pleasant Martin  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Bethesda, Mo.  
MAIDEN NAME OF MOTHER Lucy Yancy  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Howard Co., Mo.

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. S. Thompson M. D.  
Dec. 27, 1912 (Address) Armstrong

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Hugh Robb  
(ADDRESS) Armstrong, Mo.  
Filed X 1912 W. S. Thompson REGISTRAR

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Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_  
PLACE OF BURIAL OR REMOVAL Glasgow, Mo. DATE OF BURIAL Dec. 27, 1912  
UNDERTAKER Oldaker + Walker ADDRESS Armstrong

N. B.—Every item of information is carefully supplied. AGE, when not actually supplied, AGE, when not actually supplied, is not stated unless it may be properly classified. Exact statement of OCCURRENCE is important.

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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

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