

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
County St. Francois
Township Perry or
Village _____ or
City Bonne Terre (NO. _____) St. _____ Ward _____
Registration District No. 775 File No. 23819
Primary Registration District No. 6000 Registered No. 2040

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

FULL NAME John William Frankler

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE married MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH July 17 1841 (Month) (Day) (Year)
AGE 73 yrs. 5 mos. 20 ds. If LESS than 1 day, hrs. or min.?
OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
BIRTHPLACE (City or town, State or foreign country) Wright Co mo

PARENTS
NAME OF FATHER John William Frankler
BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana
MAIDEN NAME OF MOTHER Ellen Roberson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Draft Miss

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emma Doe
(ADDRESS) Bonne Terre mo
Filed July 5 1914 T. A. Son REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1914
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from June 30th 1914, to July 4th 1914, that I last saw him alive on July 4th 1914, and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:

Autopsy section - due to lack of general sanitary care

(Duration) _____ yrs. _____ mos. 14 ds.

Contributors proper living
(Signature) _____ (Duration) 7 yrs. _____ mos. _____ ds.

(Signed) G. L. Pious M. D.
July 4th 1914 (Address) Bonne Terre 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 Bonne Terre mo DATE OF BURIAL July 5 1914
UNDERTAKER B. A. Benham ADDRESS Bonne Terre mo

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.)

Handwritten notes:
The cause of death should be stated in full, including the date of onset and the date of death. The name of the disease should be written in full, and the date of onset and the date of death should be written in full. The name of the disease should be written in full, and the date of onset and the date of death should be written in full.

