

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

1 PLACE OF DEATH

County Jasper

Township Joplin

Village or City Joplin (NO. 2002)

Registration District No. 411

File No. 8914

Primary Registration District No. 2002

Registered No. 99

2 FULL NAME William Bauer

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

10 DATE OF DEATH 3-4-1915
(Month) (Day) (Year)

6 DATE OF BIRTH May 16 1842
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 25 1915 to Feb 28 1915
that I last saw him alive on Feb 28 1915
and that death occurred, on the date stated above, at 7 P m.

7 AGE 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work retired
(b) General nature of industry business or establishment in which employed (or employer) " "

Arterio Sclerosis
99 (Duration) yrs. mos. ds.

9 BIRTHPLACE (City or town, State or foreign country) Illinois

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

10 NAME OF FATHER no Record

(Signed) M. T. Balsam M. D.
3-4-1915 (Address) 210 W 7th

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) no Record

12 MAIDEN NAME OF MOTHER no Record

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) no Record

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Informant) Mrs Livingston

Where was disease contracted if not at place of death?

(Address) 206 E Joplin St

Former or usual residence

15 Filed Mar 4 1915 A. M. Gregg
Registrar

19 PLACE OF BURIAL OR REMOVAL Independence Kas DATE OF BURIAL 3-6-1915

20 UNDERTAKER W. H. ... ADDRESS Joplin, 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, 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 "Asithenia," "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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County Jasper

Township _____

Village _____

City Joplin (NO. _____)

Registration District No. 411 File No. _____

Primary Registration District No. 2002 Registered No. 99

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

FULL NAME William Baber

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH Mar. 4, 1915
(Month) (Day) (Year)

DATE OF BIRTH May 16, 1842
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 25, 1915, to Feb. 28, 1915, that I last saw him alive on Feb. 28, 1915, and that death occurred, on the date stated above, at 7:00 m.

AGE 72 yrs. 9 mos. 18 ds. If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) " "

Arterio Sclerosis
(Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Illinois

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) M J Balseff M. D.
Mar. 1, 1915 (Address) 210 7th

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (City or town, State or foreign country) " "

*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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Essa Livingstone

Where was disease contracted If not at place of death? _____
Former or usual residence _____

(ADDRESS) Joplin, Mo.

PLACE OF BURIAL OR REMOVAL Independence Trans DATE OF BURIAL 3-6-1915

Filed April 26, 1915 A. M. Gregg REGISTRAR

UNDERTAKER Kirrun Gund ADDRESS Joplin, Mo.

SUPPLEMENTARY

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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]

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