

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

1 PLACE OF DEATH

County *Perry*
Township *Bojebule*
or
Village
or
City

Registration District No. *661*
Primary Registration District No. *5879*

File No. *22538*
Registered No.

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

2 FULL NAME *Alma Maria Wischem*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH *July 28 1915* (Month) (Day) (Year)
7 AGE *3* yrs. *3* mos. *3* ds. If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Perry, Mo.*

10 NAME OF FATHER *Henry Wischem*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Germany*
12 MAIDEN NAME OF MOTHER *Mary Bohmelson*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Perry, Mo.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Henry Wischem* (Address) *Point Rest, Mo.*

15 Filed *July 31 1915* *W. S. Abemathy* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 31 1915* (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *July 28 1915* to *July 31 1915* that I last saw her alive on *July 29 1915* and that death occurred, on the date stated above, at *9 P.M.*

The CAUSE OF DEATH* was as follows:
Pneumonia
160 B
107 A
(Duration) yrs. mos. *2 ds.*

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) *W. S. Abemathy* M. D. *July 31 1915* (Address) *Wentz, Mo.*

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

18 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

19 PLACE OF BURIAL OR REMOVAL *Wentz, Mo.* DATE OF BURIAL *Aug 1 1915*

20 UNDERTAKER *Frank Bernard* ADDRESS *Wentz, Mo.*

N. B.—Every item of information furnished hereon is subject to investigation and if it may be properly classified, direct statement of OCCUPATION is very important. CAUSE OF DEATH in plain language.

127
1174 700

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), 20 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.)

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

1 PLACE OF DEATH

County Perry
 Township Reibroun
 or
 Village
 or
 City

Registration District No. 66 File No.
 Primary Registration District No. 5879 Registered No.
 (NO. St. Ward)

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

2 FULL NAME

Alma Marie Wischem

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE S
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)
 6 DATE OF BIRTH July 28 1915
 (Month) (Day) (Year)
 7 AGE 3 ds. If LESS than 1 day... hrs. or... min.?
 8 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country)
 10 NAME OF FATHER Nephy Wischem
 11 BIRTHPLACE OF FATHER (City or town, State or foreign county)
 12 MAIDEN NAME OF MOTHER Martha Anderson
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign county) Ledy Co Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Nephy Wischem
 (Address) Edwards Rest Mo

15 Filed July 31 1915 S. W. Stabenath Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31 1915
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from July 27 1915 to July 31 1915, that I last saw her alive on July 31 1915, and that death occurred, on the date stated above, at 7 A.M.
 Satisfactory Information Supplied.

The CAUSE OF DEATH* was as follows:
Broncho-Pneumonia
 (Duration) 91 yrs. 2 mos. 5 ds.
 CONTRIBUTORY due to smoking of
 (Secondary) annistic fluid
 (Duration) yrs. mos. ds.

(Signed) W. Stabenath M. D.
July 31 1915 (Address) W. Stabenath
 *State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where disease contracted if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt. Zion DATE OF BURIAL Aug 1 1915
 20 UNDERTAKER Frank Herman ADDRESS W. Stabenath

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH.

Satisfactory Information Supplied. SUPPLEMENTARY

Original file, date JUL -- 1915, 19.....

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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), 29ds.; *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.)

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