

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

PLACE OF DEATH
County Jackson
Township Morris
or
Village
or
City (NO. St. Ward)

Registration District No. 937 File No. D 15111
Primary Registration District No. 5652B Registered No. 61

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

FULL NAME Victor Bickemper

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE - MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH October 1, 1915
(Month) (Day) (Year)
AGE 6 yrs. 6 mos. 14 ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) Old Monroe Township

PARENTS
NAME OF FATHER Alphonso Anton Bickemper
BIRTHPLACE OF FATHER (City or town, State or foreign country) Old Monroe Township
MAIDEN NAME OF MOTHER Mary Bickemper
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Old Monroe Township

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Bickemper
(ADDRESS) Old Monroe Mo

Filed 4/9 1916 W. S. Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 1st, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 31, 1916, to April 1, 1916, that I last saw him alive on April 1, 1916, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* was as follows:
A Whooping Cough and
Bronchitis
108
106 (Duration) 1 yrs. 1 mos. 14 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) Frank Kestman M. D.
April 2, 1916 (Address) Old Monroe 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 St. Marys Epiphany Old Monroe Mo. DATE OF BURIAL April 3, 1916

UNDERTAKER Wm. Callaway ADDRESS Old Monroe Mo.

CAUSE OF DEATH in plain terms, and if 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]

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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

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

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Lincoln
 Township Monroe
 or
 Village
 or
 City

Registration District No. 937 File No.
 Primary Registration District No. 5652B Registered No. 61
 St. Ward)

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

2 FULL NAME

Victor Burkemper

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH April 7, 1916
 (Month) (Day) (Year)

6 DATE OF BIRTH October 1, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 1, 1916 to April 1, 1916, that I last saw him alive on April 1, 1916, and that death occurred, on the date stated above, at 2:30 P.M.

7 AGE 1 yrs. 6 mos. 2 ds. 1 hr. 15 min.
 IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Whooping cough & Bronchitis
Pneumonia - Lobar
 (Duration) 1 yrs. 14 ds.

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) Old Monroe, Iowa

CONTRIBUTORY (Secondary) (Duration) 1 yrs. 14 ds. (Signed) G. Weitzman M. D. April 2, 1916 (Address) Old Monroe, Mo.

PARENTS 10 NAME OF FATHER Victor W. Burkemper 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Old Monroe, Iowa 12 MAIDEN NAME OF MOTHER Wendy Dickemper 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Old Monroe, Iowa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wendy Dickemper (Address) Old Monroe, 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 1 yrs. 14 ds. In the State 1 yrs. 14 ds. Where was disease contracted if not at place of death? Former or usual residence.

15 Filed 4/13 1916 W. B. Campbell Registrar

19 PLACE OF BURIAL OR REMOVAL St. Marys Cemetery Old Monroe Mo DATE OF BURIAL April 2, 1916 20 UNDERTAKER Wm Calloway ADDRESS Old Monroe Mo

SUPPLEMENTARY INFORMATION

Original file, date 1916

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

N. B.—Every item of information in plain text should be carefully checked and properly filed in the statement of OCCUPATION.

Revised United States Standard Certificate of Death

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

15/1/11

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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), *29ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "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.)