

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

1 PLACE OF DEATH

County Andrew
Township Monroe
Village
City (NO. _____ St. _____ Ward _____)

Registration District No. LO File No. 39847
Primary Registration District No. 4013 Registered No. 14

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

2 FULL NAME John Schneider

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Widow</u> (Write the word)
6 DATE OF BIRTH <u>Nov 2 1830</u> (Month) (Day) (Year)		
7 AGE <u>86</u> yrs. <u>1</u> mos. <u>6</u> ds.		IF LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Switzerland</u>		
10 NAME OF FATHER <u>Christian Schneider</u>		
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Switzerland</u>		
12 MAIDEN NAME OF MOTHER <u>Anna B. Schidler</u>		
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Switzerland</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 3 1916 to Dec 8 1916, that I last saw him alive on Dec 8 1916 and that death occurred, on the date stated above, at 2 p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia Fever
108 qtz

(Duration) _____ yrs. _____ mos. 8 ds.

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

(Signed) B. L. Alley M.D. M. D.
Dec 9 1916 (Address) Cosby 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,
(Informant) Phillip Schneider
(Address) Cosby Mo

19 PLACE OF BURIAL OR REMOVAL Oak Ridge Cem DATE OF BURIAL Dec 1916
20 UNDERTAKER R. Nevehoff ADDRESS 824 Melix

Filed Dec 9 1916 B. L. Alley Registrar

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 "*Asthénia*," "*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.)

1 PLACE OF DEATH

County Andrew
 Township Manassah
 or
 Village Manassah
 or
 City (NO. _____ St. _____ Ward _____)

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

Registration District No. 10 File No. _____

Primary Registration District No. 5013 Registered No. 14

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

2 FULL NAME

John W. Schneider

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

6 DATE OF BIRTH

(Month) _____ (Day) _____ 1 _____ (Year)

IF LESS than
 1 day _____ hrs.
 or _____ min.?

7 OCCUPATION

Trade, profession, or
 particular kind of work

(a) General nature of industry,
 business, or establishment in
 which employed (of employer)

8 BIRTHPLACE

City or town,
 State or foreign country

10 NAME OF
 FATHER

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

12 MAIDEN NAME
 OF MOTHER

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed Dec 9 1916

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 5 1916
 (Month) _____ (Day) _____ (Year)

17 I HEREBY CERTIFY, that I attended deceased from

_____ 191____ to _____ 191____

that I last saw him _____ alive on _____ 191____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
 (Secondary)

(Duration) _____ yrs _____ mos _____ ds.

(Signed) B. L. Allen M. D.

Dec 5 1916 (Address) Basby Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state
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 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

DATE OF BURIAL

Oak Ridge Cemetery Dec 10 1916

20 UNDERTAKER

ADDRESS

A. Mererhoffer St. Joseph Mo

Revised United States Standard Certificate of Death

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

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