

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

PLACE OF DEATH

County Butler  
Township Epps  
or  
Village \_\_\_\_\_  
or  
City Poplar Bluff Mo

Registration District No. 990  
Primary Registration District No. 5132

File No. 32044-01  
Registered No. \_\_\_\_\_

St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Grover Lee Stromatt

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If rit. the word) <u>single</u>
DATE OF BIRTH <u>December 29, 1911</u> (Month) (Day) (Year)		
AGE <u>7 1/2</u> yrs. <u>10</u> mos. <u>3</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>		

BIRTHPLACE  
(City or town, State or foreign country) Poplar Bluff mo

PARENTS	NAME OF FATHER <u>Hannibal Stromatt</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Poplar Bluff, mo</u>
	MARDEN NAME OF MOTHER <u>Florence Tanglein</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Meriberry, Ind.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hannibal Stromatt  
(ADDRESS) Poplar Bluff, mo.

Filed 10/11 1918 M. S. Caldwell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased, from Oct-21, 1918, to Oct-27, 1918, that I last saw him alive on Oct 28th, 1918, and that death occurred, on the date stated above, at 4:10 P.M.

The CAUSE OF DEATH\* was as follows:  
Diphtheria

(Duration) 04 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY)  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. M. Ramsey M. D.  
Nov. 9th 1918 (Address) Poplar Bluff 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 <u>Sparksman Bern</u>	DATE OF BURIAL <u>11/1</u> 19 <u>18</u>
UNDERTAKER <u>None</u>	ADDRESS

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—THIS IS A PERMANENT RECORD

# Revised United States Standard Certificate of Death

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

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative health of various pursuits can be known. The question to each and every person, irrespective of how many occupations a single word or term on the certificate will be sufficient, e. g., *Farmer or Planter, Composer, Architect, Locomotive engineer, Fireman, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to give (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Automobile factory*. The material given may form part of the second statement, such as "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer, Farm laborer, Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, Household help at home*, and children, not gainfully employed, as *At home*. Care should be taken to indicate the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*. If the occupation has been changed or given since the beginning of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation write *None*.

**Statement of cause of death.**—Name, first, the primary affection with time and causation, using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid fever")); *Lobar pneumonia*; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis meningitis, 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.)

