

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

5602

1. PLACE OF DEATH *Jamestown*  
 County *Monroe* Registration District No. *574* File No. *1922*  
 Township *Jamestown* Primary Registration District No. *4338* Registered No. *3*  
 City (No. ....) St. .... Ward)

2. FULL NAME *Evel Gerhart Killers*  
 (a) Residence No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred *41* yrs. mos. .... ds. How long in U.S., if of foreign birth? yrs. mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *mino Holyforster*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2-15 1922*  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 7 - 1878*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*73 4 12*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Natural causes*  
*(Found dead in bed)*  
*2811 P*

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Blacksmith*  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

CONTRIBUTORY (SECONDARY)..... (duration)..... yrs. .... mos. .... ds.  
 (duration)..... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) *Sturtecht*  
 (STATE OR COUNTRY) *Ger.*

18. WHERE WAS DISEASE CONTRACTED.....  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....

10. NAME OF FATHER *Alvin Harold Otto Killers*  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Sturtecht*  
 (STATE OR COUNTRY) *Ger.*

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) *S. C. Holback*  
 Address *Jamestown Mo*

12. MAIDEN NAME OF MOTHER *Anna Dierckx*  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Sturtecht*  
 (STATE OR COUNTRY) *Ger.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT *Alvin Harold Killers*  
 (Address) *Jamestown Mo*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Jamestown Mo* DATE OF BURIAL *2/18 1922*

15. FILED *2/16 1922* REGISTERAR

20. UNDERTAKER *Chillich* ADDRESS *Jamestown Mo*

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

maintained by

# 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

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**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

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.