

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

21980

PLACE OF DEATH
County Monroe
Township _____
or
Village _____
or
City California Mo (NO. _____ St. _____ Ward _____)

Registration District No. 571 File No. _____
Primary Registration District No. 4335 Registered No. 41

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

FULL NAME Margaret Rohrbach

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>French</u>	COLOR OR RACE <u>White</u>	Single MARRIED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>March 10</u> , 18 <u>48</u> (Month) (Day) (Year)		
AGE <u>18</u> yrs. <u>3</u> mos. <u>3</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Cole Co Missouri</u>		
PARENTS	NAME OF FATHER <u>Christian Wolfen</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bavaria</u>	
	MAIDEN NAME OF MOTHER <u>Mrs Fusher</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bavaria</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 13, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 7, 1916, to June 13, 1916, that I last saw her alive on June 13, 1916, and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows:

Septic Infection
36 (Duration) 70 mos. 8 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) R. Q. Kee M. D.
6-14, 1916 (Address) California 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fredrick Rohrbach
(ADDRESS) California Mo

PLACE OF BURIAL OR REMOVAL <u>Rohrbach Cemetery</u>	DATE OF BURIAL <u>6/15</u> , 19 <u>16</u>
UNDERTAKER <u>Edw. N. Schmitz</u>	ADDRESS <u>California Mo</u>

Filed 6-15, 1916, J. R. Papey, M.D. REGISTRAR

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.

Revised United States Standard Certificate of Death

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

DATE OF DEATH _____
 PLACE OF DEATH _____
 SEX _____
 AGE _____
 OCCUPATION _____
 RACE _____
 MARRIAGE _____
 RELIGION _____
 CAUSE OF DEATH _____
 STATE _____

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; Broncho pneumonia* ("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.; Broncho pneumonia* (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.)

ADDRESS _____
 DATE OF REPORT _____
 PLACE OF REPORT _____
 COUNTY _____
 STATE _____
 OCCUPATION OF REPORTER _____
 SIGNATURE OF REPORTER _____
 NAME OF REPORTER _____
 GRADE OF REPORTER _____
 INSTITUTION _____