

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Kansas City (NO. General Hospital St. 17 Ward)

Registration District No. 399

File No. 30866

Primary Registration District No. 1002

Registered No. 3441

FULL NAME Chas Deandorf

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

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE Male SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

AGE 53 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Shoe maker  
(b) General nature of industry, business, or establishment in which employed (or employer) 131

BIRTHPLACE (City or town, State or foreign country) Orleans

PARENTS  
NAME OF FATHER Chas Deandorf  
BIRTHPLACE OF FATHER (City or town, State or foreign country) UNKNOWN  
MAIDEN NAME OF MOTHER UNKNOWN  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) UNKNOWN

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. J. Finley

(ADDRESS) 1273 Grand Ave

Filed OCT 30 1910 Chas Deandorf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 25, 1910, to Oct 25, 1910, that I last saw him alive on Oct 25, 1910, and that death occurred, on the date stated above, at 5:45 P and that CAUSE OF DEATH\* was as follows:

Hemorrhage into Medulla.  
Determined by Post-mortem exam.  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Intermittent Mephoritis  
(SECONDARY) (Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Harry G. Gault M. D.  
10/26/10 (Address) St. Louis, 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. Ann DATE OF BURIAL Oct 30, 1910

UNDERTAKER THE CARROLL-DAVIDSON UND. ADDRESS 1000 K E Mo

# 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 may be entered as *Housewife*, *Housework*, *Coal mine*, etc. children, not gainfully employed, as *At school* duties of the Care should be taken to report specifically (who receive a of persons engaged in domestic service\* for *wife*, *House-  
-vant*, *Cook*, *Housemaid*, etc. If the occupationally employed, changed or given up on account of the DISE taken to re-  
-DEATH, state occupation at beginning of yrs engaged in tired from business, that fact may be in *Cook*, *House-  
-Farmer (retired, 6 yrs.)*. For persons who aged or given  
-pation whatever, write *None*.

**Statement of cause of death.**—Næd from busi-  
-DISEASE CAUSING DEATH (the primary affect *Farmer* (re-  
-spect to time and causation), using alwæo occupation  
-accepted term for the same disease. Ex:  
-*Prospinal fever* (the only definite synonym is, first, the  
-cerebrospinal meningitis"); *Diphtheria* (action with re-  
-"Croup"); *Typhoid fever* (never report "Typhs the same  
-monia"); *Lobar pneumonia*; *Bronchopneumonia*; *Cere-  
-monia*, unqualified, is indefinite); *Tubercu* is "Epidemic  
-meninges, *peritonæum*, etc., *Carcinoma*, *Sar* avoid use of  
-..... (name origin; "Cancer" is less dært "Typhoid  
-use of "Tumor" for malignant neoplasms  
-*Tuberculosis*  
-*cinoma*, *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* (dis-  
-ease causing death), *29 ds.*; *Bronchopneumonia* (sec-  
-ondary), *10 ds.* Never report mere symptoms or ter-  
-minal conditions, such as "Asthenia," "Anaemia"  
-(merely symptomatic), "Atrophy," "Collapse," "Coma,"  
-"Convulsions," "Debility" ("Congenital," "Senile," etc.),  
-"Dropsy," "Exhaustion," "Heart failure," "Haemor-  
-rhage," "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 under-  
-taken. 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 na-  
-ture of the injury, as fracture of skull, and conse-  
-quences (e. g., *sepsis*, *tetanus*) may be stated under the  
-head of "Contributory." (Recommendations on state-  
-ment of cause of death approved by Committee on  
-Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

