

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 Cape Girardeau  
 Township Apple Creek  
 or  
 Village Smithton, Mo  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 128 File No. 37285  
 Primary Registration District No. 5176B Registered No. 18

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

FULL NAME Stella Lorena Kaiser

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>	DATE OF DEATH <u>12</u> / <u>26</u> / <u>1910</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct.</u> / <u>11</u> / <u>1908</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec. 26 8 a.m.</u> , 1910, to <u>Dec. 28 2<sup>35</sup> P.M.</u> , 1910, that I last saw her alive on <u>Dec. 26</u> , 1910, and that death occurred, on the date stated above, at <u>8 35</u> m.	
AGE <u>2</u> yrs. <u>2</u> mos. <u>15</u> ds.			The CAUSE OF DEATH* was as follows: <u>Acute Bright's disease of kidney</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Child of farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>not work age</u>			Parents state (Duration) _____ yrs. _____ mos. <u>5</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Friedheim Mo</u>			Contributory (SECONDARY) <u>not known</u> (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Henry Kaiser Jr.</u>		(Signed) <u>A. E. Dalton</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Friedheim Mo</u>		<u>Dec. 27</u> , 1910 (Address) <u>Friedheim Mo</u>	
	MAIDEN NAME OF MOTHER <u>Lizzy Dickmann</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Paris Mo</u>		LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Bessie Slapin</u> (ADDRESS) <u>Friedheim Mo</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
Filed <u>191</u>			PLACE OF BURIAL OR REMOVAL <u>Friedheim Mo</u>	
REGISTRAR			DATE OF BURIAL <u>Dec. 28</u> , 1910	
			UNDERTAKER <u>Louis Kloss</u>	
			ADDRESS <u>Friedheim Mo</u>	

# 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*, *Compositor*, *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*, *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.)



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

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PLACE OF DEATH REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

County Cape Girardeau Registration District No. 128 File No. 37285

Township Apple Creek Primary Registration District No. 51767B Registered No. 18

City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Stella Lorena Kaiser

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 10/11, 1908 (Month) (Day) (Year)

AGE 2 yrs. 2 mos. 15 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Child of farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) not working

BIRTHPLACE (City or town, State or foreign country) Friedheim Mo

PARENTS

NAME OF FATHER <u>Henry Kaiser</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Friedheim Mo</u>
MAIDEN NAME OF MOTHER <u>Larry Beckman</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Paris Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Bezzie Debaugh  
(ADDRESS) Friedheim Mo

Filed Dec 27 1910 A. B. Fubell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-26, 1910 (Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from 12/26 8:25 P.M. to 12/26 8:55 P.M., 1910, that I last saw her alive on 12/26, 1910, and that death occurred, on the date stated above, at 8:55 m.

The CAUSE OF DEATH\* was as follows:  
Acute Bright's Disease of Kidney  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

(Signed) W. E. Dalton M. D.  
12/27 1910 (Address) Friedheim 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 Friedheim Mo DATE OF BURIAL 1/28 1910

UNDERTAKER Lewis Klaus ADDRESS Friedheim Mo

DEC file date 12-27-10 All information called for must be written on this Supplementary Certificate.

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