

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.

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

PLACE OF DEATH  
County Buchanan  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City St Joseph (NO. 1219 5119)

Registration District No. 85 File No. 13526  
Primary Registration District No. 1001 Registered No. 342  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in hospital or institution give its NAME instead of street and number)

FULL NAME Sarah Shapiro

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

DATE OF BIRTH Feb 25, 1911  
(Month) (Day) (Year)

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

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

BIRTHPLACE St Joseph  
(City or town, State or foreign country)

PARENTS  
NAME OF FATHER Isidore Shapiro  
BIRTHPLACE OF FATHER Russia  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Chait Sore Shapiro  
BIRTHPLACE OF MOTHER Russia  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Atchler  
(ADDRESS) 422 S 16

Filed Apr 14, 1911 W.B. Keeling  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 5, 1911, to April 9, 1911, that I last saw her alive on April 9, 1911, and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH\* was as follows:  
Whooping Cough

4 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds.

Contributory Capillary Bronchitis  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 9 ds.

(Signed) Frank G. Glaser M. D.  
April 11, 1911 (Address) 720 Truman

\*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 Sharon Sholem DATE OF BURIAL April 18, 1911

UNDERTAKER Boyd ADDRESS charge of S Shapiro 1219 511

# 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*, *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.)



## PLACE OF DEATH

County Buchanan

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St Joseph

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 85File No. 13526Primary Registration District No. 1001Registered No. 342

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

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

FULL NAME Sarah Shapsis

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX FemaleCOLOR OR RACE white

SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word) singleDATE OF DEATH April 9, 1911

(Month)

(Day)

(Year)

DATE OF BIRTH Feb. 25, 1911

(Month)

(Day)

(Year)

AGE \_\_\_\_\_

If LESS than

1 day, \_\_\_\_\_ hrs

or \_\_\_\_\_ mos. \_\_\_\_\_ ds.

I HEREBY CERTIFY, that I attended deceased from April 5, 1911, to April 9, 1911, that I last saw her alive on April 9, 1911, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH\* was as follows:

Whooping cough

OCCUPATION

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE

(City or town, State or foreign country) St JosephNAME OF FATHER Fischer ShapsisBIRTHPLACE OF FATHER Russia

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Chaim Sorie ShapsisBIRTHPLACE OF MOTHER Russia

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. Pitluck(ADDRESS) 722 S. 8<sup>th</sup> StFiled June 1, 1911W.B. Keeling

REGISTRAR

Original file, date Apr 14, 1911

All information called for must be written on this Supplemental Certificate

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. Maiden name of mother was the same before as after marriage. Registrar

APR

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