

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

PLACE OF DEATH

County Jackson

Township _____

or Village _____

or City Kansas City

Registration District No. 399

File No. 17774

Primary Registration District No. 1002

Registered No. 1666

(NO 3924 Bellview Ave St.; _____ Ward)

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

FULL NAME Margaret Anna Hauscher

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE Wh SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH May 8, 1911
(Month) (Day) (Year)

DATE OF BIRTH July 10th, 1844
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 3, 1911, to May 8th, 1911, that I last saw her alive on May 7, 1911, and that death occurred, on the date stated above, at 4 A. m.

AGE 66 yrs. 9 mos. 27 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Acute pleuro-pneumonia (double)
80% (Duration) yrs. 0 mos. 6 ds.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 903

Contributory Influenza
(SECONDARY) (Duration) yrs. _____ mos. 21 ds.

BIRTHPLACE (City or town, State or foreign country) Troy, New York

NAME OF FATHER John Van Hausen

(Signed) E. R. Curry M. D.
May 8, 1911 (Address) 304 DeWitt St.

BIRTHPLACE OF FATHER (City or town, State or foreign country) New York

MAIDEN NAME OF MOTHER McLean

*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) New York

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs. 5 mos. 5 ds. In the State 8 yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence 1011 Prospect

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. K. Hauscher
(ADDRESS) 3924 Bellview Ave

PLACE OF BURIAL OR REMOVAL Mt. Washington DATE OF BURIAL May 9, 1911

Filed MAY 9 1911 W. S. Wheeler REGISTRAR

UNDERTAKER E. Stine & Son Undertaking Co. ADDRESS 409 E. 9th St.

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]

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 Jackson

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township _____

Registration District No. 399File No. 19774

Village _____

Primary Registration District No. 1002Registered No. 1666City Kansas City(No. 3924, Bellview Ave St., _____ Ward)

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

FULL NAME Margaret Anna Hamacher

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE wh. SINGLE MARRIED WIDDED OR DIVORCED (Write the word) marriedDATE OF BIRTH July 10, 1844
(Month) (Day) (Year)AGE 66 yrs. 9 mos. 27 ds.
If LESS than 1 day, ___ hrs. or ___ min.OCCUPATION (a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE (City or town, State or foreign country) Troy, New YorkPARENTS
NAME OF FATHER John Van Deussen
BIRTHPLACE OF FATHER (City or town, State or foreign country) New York
MAIDEN NAME OF MOTHER (Unknown) McLean
BIRTHPLACE OF MOTHER (City or town, State or foreign country) New York

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. R. Hamacher
(ADDRESS) 3924 Bellview AveFiled June 30, 1911, by W. S. Wheeler
REGISTRAROriginal file, date May 9, 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 8, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from May 3, 1911, to May 8, 1911,
that I last saw her alive on May 7, 1911,
and that death occurred, on the date stated above, at 4.9 m.

The CAUSE OF DEATH* was as follows:

Acute pleuro pneumonia
(double)(Duration) ___ yrs. ___ mos. 6 ds.Contributory Influenza
(SECONDARY)(Duration) ___ yrs. ___ mos. 21 ds.(Signed) E. R. Curry M. D.
May 8, 1911. (Address) 304 Deardoff Bldg.

*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 1 yrs. 5 mos. ___ ds. State 24 yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death?

Former or usual residence 1011 ProspectPLACE OF BURIAL OR REMOVAL Mt. Washington DATE OF BURIAL May 9, 1911UNDERTAKER E. Strie & Son, Und. Co. ADDRESS 408 E. 9th St.

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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.)