

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

PLACE OF DEATH  
County Jackson  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. St Marys Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 399 File No. 31450  
Primary Registration District No. 1002 Registered No. 2996

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

FULL NAME Frank Henry Dauwe

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widower  
(Write the word)

DATE OF DEATH Sept 6, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Sept 6 1845  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8/15, 1911, to 9/6, 1911, that I last saw ha alive on Sept 6, 1911, and that death occurred, on the date stated above, at 2 1/2 m.

AGE 66 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Heart caused  
132/19  
36 11 9  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 40 ds.

OCCUPATION (a) Trade, profession, or particular kind of work laborer 3-07  
(b) General nature of industry, business, or establishment in which employed (or employer) City Water Dept

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

Contributory (SECONDARY) Sepsis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) 9/16-1911 J. B. Sheets M. D.  
(Address) Wells Best

NAME OF FATHER Frank name Dauwe  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Frank B. Dauwe  
(ADDRESS) 3934 Washington

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 \_\_\_\_\_

FILED SEP 7 1911 W. J. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL St Marys Cemetery DATE OF BURIAL Sept 7 1911  
UNDERTAKER John J. Sheehan ADDRESS 31st Main

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]

**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*; *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.)



County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or City St. Marys Primary Registration District No. 1002 Registered No. 2996  
 (NO. St. Marys Hospital Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Paul Henry Rauwe

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED W. (Write the word)  
 DATE OF BIRTH Sept 6, 1845 (Month) (Day) (Year)  
 AGE 66 yrs. mos. ds. IF LESS than 1 day, hrs. or min.  
 OCCUPATION (a) Trade, profession, or particular kind of work laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) St. Marys Hospital

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

PARENTS

NAME OF FATHER Unknown  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
 MAIDEN NAME OF MOTHER Unknown  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Paul B. Rauwe

(ADDRESS) 3934 Washington St. S. D. Wheeler  
 Filed NOV 9 1911  
 REGISTRAR St. Marys Hospital

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-6, 1911  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1911, to 9-6, 1911,  
 that I last saw him alive on 9-6, 1911,  
 and that death occurred, on the date stated above, at 2 P. m.  
 The CAUSE OF DEATH\* was as follows:  
Brain  
ane X

(Duration) yrs. mos. ds. 10 ds.  
 Contributory (SECONDARY) Stroke  
 (Duration) yrs. mos. ds. \_\_\_\_\_  
 (Signed) B. J. Shoup M. D.  
9-6, 1911 (Address) Calo Bld  
 \*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. Marys Cem. DATE OF BURIAL 9-7, 1911  
 UNDERTAKER St. Marys Hospital ADDRESS St. Marys Hospital

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