

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

PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

Registration District No. 399

File No. 31498

Village \_\_\_\_\_

Primary Registration District No. 1002

Registered No. 3045

City Wass City

(No. Red Cross Hospital)

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

FULL NAME

Ester Rich

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH April 17, 1892  
(Month) (Day) (Year)

AGE 19 yrs. 4 mos. 27 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Wass City Mo.

PARENTS  
NAME OF FATHER Jos. Rich  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Poland  
MAIDEN NAME OF MOTHER Anna Commer  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Poland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) May Pope  
(ADDRESS) 1325 Woodland Ave

Filed SEP 13 1911 W. J. Wheeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 7th, 1911, to Sept 12th, 1911, that I last saw her alive on Sept 12th, 1911, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH\* was as follows:  
(metrorrhagia) Vaginal hemorrhage since 13 years of age  
1395 (Duration) \_\_\_ yrs. 17 mos. \_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) David Ayres M. D.  
Sept 13 1911 (Address) 501 Sharp 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) Went to Red Cross Hos  
At place of death Wass City Mo. Sept 7th 1911, the \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State  
Where was disease contracted 1633 Kansas Ave If not at place of death?  
Former or usual residence 1633 Kansas Ave

PLACE OF BURIAL OR REMOVAL Sheffield Cemetery DATE OF BURIAL Sept 14, 1911  
UNDERTAKER THE CARROLL-DAVIDSON ADDRESS No. 49

3024 Post Ave

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.

WRITE PLAINLY, WITH UNFADING INK.

# 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*, *peritonacum*, 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.)



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CERTIFICATE OF DEATH

PLACE OF DEATH

County Jackson

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

Township \_\_\_\_\_

Registration District No. 399

File No. \_\_\_\_\_

or Village \_\_\_\_\_

Primary Registration District No. 1002

Registered No. 3045

or City Kansas City (NO. \_\_\_\_\_)

Red Cross Sts. St. \_\_\_\_\_

Ward \_\_\_\_\_

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

FULL NAME

Ester Rich.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(If wife the word)

DATE OF DEATH Sept. 12, 1911  
(Month) (Day) (Year)

DATE OF BIRTH April 17, 1892  
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Sept. 7, 1911, to Sept. 12, 1911,  
that I last saw her alive on \_\_\_\_\_, 1911,

AGE 19 yrs. 4 mos. 27 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

and that death occurred, on the date stated above, at 9 P. m.  
The CAUSE OF DEATH\* was as follows:

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

(metrorrhagia) Uterine hemorrhage since 13 years of age.  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Kansas City Mo.

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

PARENTS NAME OF FATHER Joe Rich BIRTHPLACE OF FATHER Poland MAIDEN NAME OF MOTHER Anna Commer BIRTHPLACE OF MOTHER Poland

(Signed) Sam. Ayres M. D. Sept. 13, 1911 (Address) 501 Sharp Bldg.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Max Rope

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

(ADDRESS) 1325 Woodland Ave

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Went to Red Cross Hospital in the Sept. 9 - 1911 of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Filed NOV 6 1911 W. S. Wheeler REGISTRAR

Where was disease contracted (if not at place of death?) 1633 Kansas Ave  
Former or usual residence \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Sheffield Cemetery DATE OF BURIAL Sept. 14, 1911  
UNDERTAKER Carroll Davidson ADDRESS 3024 Front Ave

Original file, date SEP 13, 1911 All information called for must be written on this Supplementary Certificate.

CAUSE OF DEATH IN PLAIN TERMS, AS NEARLY AS POSSIBLE

# Revised United States Standard Certificate of Death

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

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