

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

1281

PLACE OF DEATH  
County Jackson  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kansas City, Mo. 1515 East 12  
FULL NAME L. Gilbert & Cons.

Registration District No. 399 File No. 3981  
Primary Registration District No. 7007 Registered No. 168  
St.: \_\_\_\_\_ Ward) \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

|  |   |   |
|--|---|---|
| SEX<br><u>Male</u>   | COLOR OR RACE<br><u>White</u>   | SINGLE MARRIED WIDOWED OR DIVORCED<br><u>single</u><br>(Write the word) |
| DATE OF BIRTH<br><u>June - 25 - 1886</u><br>(Month) (Day) (Year)   |   |   |
| AGE<br><u>25</u> yrs. <u>6</u> mos. <u>21</u> ds.  |   | IF LESS than<br>1 day, _____ hrs.<br>or _____ min.?                     |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work<br><u>Paint Mixer</u><br>(b) General nature of industry, business, or establishment in which employed (or employer)<br><u>Employed</u> |   |   |
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>Sweden</u>  |   |   |
| PARENTS  | NAME OF FATHER<br><u>Chas. A. Cons</u>  |   |
|  | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>Sweden</u> |   |
|  | MAIDEN NAME OF MOTHER<br><u>A. Sundeen</u>  |   |
|  | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Sweden</u> |   |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 15, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 16, 1912, to Jan 2, 1912, that I last saw him alive on Jan 2, 1912, and that death occurred, on the date stated above, at 11 A.M.  
The CAUSE OF DEATH\* was as follows:  
Tuberculosis  
2 1/2 H  
Southwestern University  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. C. Johnson M. D.  
Jan 16, 1912 (Address) 924 B. B. Bldg.

\*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) Mrs. B. Stevenson  
(ADDRESS) 1515 East 12  
**JAN 16 1912**  
Filed \_\_\_\_\_ REGISTRAR W. S. Wheeler

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 Edmwood Cemetery DATE OF BURIAL Jan - 17 - 1912  
UNDERTAKER A. P. Doehler & Co. ADDRESS 1403 East 15

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

9<sup>th</sup> floor Kansas Bldg  
130 to 430

# 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.)



WALK 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.

PLACE OF BIRTH

County Jackson

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

City Kansas City (NO. 1515 East 12) St. \_\_\_\_\_ Ward \_\_\_\_\_

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 DEATH

Registration District No. 399

File No. 1281

Primary Registration District No. 1002

Registered No. 168

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

FULL NAME

Leibert J. Cons.

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 25, 1886 (Month) (Day) (Year)

AGE 25 yrs. 6 mos. 21 ds. IF LESS than 1 day, hrs. or min.

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

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

PARENTS NAME OF FATHER Chas. P. Cons BIRTHPLACE OF FATHER (City or town, State or foreign country) Sweden MAIDEN NAME OF MOTHER Sundeen BIRTHPLACE OF MOTHER (City or town, State or foreign country) Sweden

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs B. Stewenson (ADDRESS) 1515 East 12

Filed MAR 8 1912 W.S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Des Moines, 1911, to Jan. 2, 1912, that I last saw him alive on 44, 1912, and that death occurred, on the date stated above, at 114 m.

The CAUSE OF DEATH\* was as follows: Tuberculosis, Pulmonary  
Don't know, two yrs. ago perhaps

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (Signed) E. E. Wilson M. D. Jan 16 1912 (Address) 924 Rialto 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 Elmwood Cem. DATE OF BURIAL Jan. 17 1912

UNDERTAKER A. P. Daehler & Co. ADDRESS 1403 East 15

Original file, date 16, 1912 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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