

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 Jackson
 Township _____ Registration District No. 899 F File No. 5194
 or
 Village _____ Primary Registration District No. 1002 Registered No. 408
 or
 City Kansas City (NO. 4334 Madison St., _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Margaret Vogel

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Nov 16, 1911
(Month) (Day) (Year)

AGE 2 yrs. 19 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) 0

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

PARENTS

NAME OF FATHER Chas Vogel

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

MAIDEN NAME OF MOTHER Mrs. Jennie Hager

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 25, 1912, to Feb 3, 1912,
 that I last saw her alive on Feb 3, 1912,
 and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:
Peritonitis
Intestinal obstruction
Perforation
(Duration) ___ yrs. ___ mos. ___ ds.
(SECONDARY)
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. L. Cooper M. D.
Feb 4, 1912 (Address) 4601 Independence av

*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. 2 mos. 19 ds. In the State ___ yrs. 2 mos. 19 ds.

Where was disease contracted if not at place of death?
 Former or usual residence none

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. S. Brutchfield
 (ADDRESS) 424 Westport Ave.
Feb 5 1912
 Filed _____ 1912
W. S. Wheeler
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Forest Hill

DATE OF BURIAL Feb 5, 1912

UNDERTAKER R. V. Lindsay

ADDRESS 424 Westport av

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.)



PLACE OF DEATH

County Jackson
 Township _____
 or
 Village _____
 or
 City Kansas City (NO. 4334 Madison St.; _____ Ward)

Registration District No. 399 File No. 5194
 Primary Registration District No. 1002 Registered No. 408

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

FULL NAME Margaret Vogel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Feb. 3, 1912
(Month) (Day) (Year)

DATE OF BIRTH Nov. 16, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 25, 1912, to Feb. 3, 1912, that I last saw her alive on Feb. 3, 1912, and that death occurred, on the date stated above, at 9.30 p.m.

AGE 2 yrs. 2 mos. 19 ds.
 IF LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

Congenital Constriction of P. fibrous bands constricting the Lumen of Bowls.
(Duration) yrs. _____ mos. 10 ds.

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

Contributory Intestinal obstruction + perforation
(Duration) yrs. _____ mos. _____ ds.
 Signed: C. L. Cooper M. D.
Feb. 4, 1912 (Address) 4601 Independence Ave.

NAME OF FATHER Chas. Vogel

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

MAIDEN NAME OF MOTHER Margaret Hager

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

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

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 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 _____

APR 11 1912
 Filed _____ REGISTRAR W. S. Wheeler

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Feb. 5, 1912

UNDERTAKER P. V. Lindsey ADDRESS 424 Westport Ave.

Original file date FEB 6, 1912 All information called for must be written on this Supplementary Certificate.

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