

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.

PLACE OF DEATH

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

County _____
 Township _____ or Village _____ or City St. Louis (NO. 2241 Randolph St. 6 Ward)
 Registration District No. 7911 File No. 2605
 Primary Registration District No. 1003 Registered No. 1976

FULL NAME Jessie Kinchelo Dwendruff

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

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED (Married)
(Write the word)

DATE OF DEATH Feb 26, 1912
(Month) (Day) (Year)

DATE OF BIRTH January 2, 1887
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 20, 1912, to Feb 26, 1912, that I last saw her alive on Feb 26, 1912, and that death occurred, on the date stated above, at 6:30 p.m.
 The CAUSE OF DEATH* was as follows:

AGE 25 yrs. 1 mos. 17 ds.
 If LESS than 1 day, ___ hrs. or ___ min.?

Septicaemia of Peritonitis following pelvic abscess
 (Duration) ___ yrs. 1 mos. ___ ds.
 Contributory Pelvic Abscess
 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
 (Signed) H. B. DeBrew M. D.
Feb 27, 1912 (Address) 241 So Jefferson

OCCUPATION (a) Trade, profession, or particular kind of work Housework 139
 (b) General nature of industry, business, or establishment in which employed (or employer) 9-0 129

BIRTHPLACE (City or town, State or foreign country) Illinois 36

PARENTS
 NAME OF FATHER John Kinchelo
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known
 MAIDEN NAME OF MOTHER Lulu Gubankes
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

*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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ora Gotter

(ADDRESS) 426 1/2 St Ferdinand ave.

PLACE OF BURIAL OR REMOVAL Madison Mo
 DATE OF BURIAL Feb 28, 1912
 UNDERTAKER? W. C. Gordon
 ADDRESS 2649 Morgan

Filed FEB 27 1912 Max C. Starkloff
 REGISTRAR

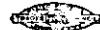
Revised United States Standard Certificate of Death

[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, peritonaeum*, 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.)



FADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH _____
 County _____
 Township _____ or Village _____ or City _____ (NO. _____) (St. _____ Ward _____)
 REGISTRATION DISTRICT NO. 791 FILE NO. 7605
 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTERED NO. 1976
 FULL NAME Jessie Kinchelo Owendruff (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 72A COLOR OR RACE N. SINGLE MARRIED WIDOWED OR DIVORCED W (Write the word)
 DATE OF BIRTH Jan 9, 1887 (Month) (Day) (Year)
 AGE 25 yrs. 1 mos. 17 ds. If LESS than 1 day, ____ hrs. or ____ min.?
 OCCUPATION (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 BIRTHPLACE (City or town, State or foreign country) Ill. Chicago
 PARENTS: NAME OF FATHER John Kinchelo BIRTHPLACE OF FATHER (City or town, State or foreign country) _____ MAIDEN NAME OF MOTHER Lizzie Ymbauks BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill. Wm

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 26, 1912 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Jan 30, 1912, to Feb 26, 1912, that he last saw her alive on Feb 26, 1912, and that death occurred, on the date stated above, at 6:30 m.
 The CAUSE OF DEATH* was as follows:
Septicæmia & Peritonitis following pelvic abscess from salpingitis
 (Duration) ____ yrs. ____ mos. X ds.
 Contributory Pelvic abscess (from salpingitis) (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) W. H. B. DePew M. D. (Address) 241 S. Jefferson
 * 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) Ara Gattier
 (ADDRESS) 4262 St Ferdinand

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 4-14 1912 A. S. Woodruff REGISTRAR
 Original file, date FEB, 1912

PLACE OF BURIAL OR REMOVAL Madison Mo DATE OF BURIAL Feb 28, 1912
 UNDERTAKER W. C. Erdman ADDRESS 2648 Morgan

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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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.)