

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

County Jackson Registration District No. 399 File No. 9308
 Township Kaw or Village _____ Primary Registration District No. 1002 Registered No. 806
 or City Kansas City (NO. St. Anthony's Home St. _____) Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Elizabeth Kerch

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan, 30th, 1912
 (Month) (Day) (Year)

AGE _____ yrs. _____ mos. 30 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) Kansas City, Mo.

PARENTS
 NAME OF FATHER Unknown
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
 MAIDEN NAME OF MOTHER Lena Kerch
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hungary

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Sister Agatha
 (ADDRESS) St. Anthony's Home

Filed MAR 6 1912 W.S. Wheeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb, 28, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 8, 1912, to Feb. 28, 1912, that I last saw her alive on Feb. 27, 1912, and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH* was as follows:

34 Hereditary Syphilis 57
158 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Plus - Accumulation of age
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) John J. Dorsey M. D.
Mar. 4, 1912 (Address) 2222 Prospect Ave.

*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. 20 ds. In the State _____ yrs. _____ mos. 30 ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St Mary DATE OF BURIAL 3/7 1912
 UNDERTAKER J. W. Wagner ADDRESS 1600

1409 Grand Ave.

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.

SUCIDAL, OF HOMICIDAL,
 THIS STATE MEANS OF
 WHICH SURGICAL OPERATION
 "EMIA," "PUERPERAL
 CHILD BIRTH OR MIS-
 THE CAUSE. ALWAYS
 "KNES," ETC., WHEN A
 "OLD," "MARASMUS," "HEART
 "EXHAUSTION," "CON-
 "DEBILITY," "ATROPHY,"
 "STOMACHIC," "ATROPHY,"
 CONDITIONS, SUCH AS

States Standard Certificate of Death

Census and American Public Health
 Association]

occupation.—Precise statement of oc-
 cupation, so that the relative health-
 pursuits can be known. The ques-
 and every person, irrespective of
 occupations a single word or term on
 sufficient, e. g., *Farmer* or *Planter*,

*tor, Architect, Locomotive engineer,
 tionary fireman, etc.* But in many
 industrial employments, it is neces-
 the kind of work and also (b) the
 ness or industry, and therefore an
 rovided for the latter statement; it
 y when needed. As examples: (a)
 "mill; (a) *Salesman*, (b) *Grocery*;
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, House-*
work, or At home, and children, not gainfully employed,
 as *At school or At home*. Care should be taken to re-
 port specifically the occupations of persons engaged in
 domestic service for wages, as *Servant, Cook, House-*
maid, etc. If the occupation has been changed or given
 up on account of the DISEASE CAUSING DEATH, state oc-
 cupation at beginning of illness. If retired from busi-
 ness, that fact may be indicated thus: *Farmer (re-*
tired, 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 re-
 spect to time and causation), using always the same
 accepted term for the same disease. Examples: *Cere-*
brospinal 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* (dis-
 ease causing death), 29 ds.; *Bronchopneumonia* (sec-
 ondary), 10 ds. Never report mere symptoms or ter-
 minal conditions, such as "Asthenia," "Anaemia"
 (merely symptomatic), "Atrophy," "Collapse," "Coma,"
 "Convulsions," "Debility" ("Congenital," "Senile," etc.),
 "Dropsy," "Exhaustion," "Heart failure," "Haemor-
 rhage," "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 under-
 taken. 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 na-
 ture of the injury, as fracture of skull, and conse-
 quences (e. g., *sepsis, tetanus*) may be stated under the
 head of "Contributory." (Recommendations on state-
 ment of cause of death approved by Committee on
 Nomenclature of the American Medical Association.)