

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. 399 File No. 13575  
Village \_\_\_\_\_ Primary Registration District No. 1002 Registered No. 1359  
or City Lawrence (NO. Seward Hospital) (Ward) \_\_\_\_\_

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

PERSONAL AND STATISTICAL PARTICULARS			2 MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>4-11-1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>September 15, 1883</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>3-25-1912</u> , to <u>4-11-1912</u> , that I last saw her alive on <u>4-11-1912</u> , and that death occurred, on the date stated above, at <u>12:45</u> p.m. The CAUSE OF DEATH* was as follows: <u>Uremia caused by mixed infection both</u> <u>Staphylococcus &amp; streptococcus</u> <u>36</u> (Duration) yrs. mos. ds. <u>Septicemia</u> <u>132</u> (Duration) yrs. mos. ds.	
AGE <u>28</u> yrs. <u>7</u> mos. <u>ds.</u>			If LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Music teacher</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>High School Lawrence, Kansas</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE (City or town, State or foreign country) <u>Menoken - Kansas</u>			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.	
PARENTS	NAME OF FATHER <u>Jacob Rush</u>		(Signed) <u>John H. Cutland</u> M. D. <u>4-11-1912</u> (Address) <u>1025 Maule Bldg</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>			
	MAIDEN NAME OF MOTHER <u>Eliza A. Stout</u>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Julia A. Rush</u> (ADDRESS) <u>Denver, Colo</u>				
Filed <u>APR 11 1912</u> <u>W.S. Whelan</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Lawrence</u> 1912 DATE OF BURIAL <u>APR 11 1912</u> UNDERTAKER <u>W. Gates Rosedale</u> 760 ADDRESS	

# 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.)



PLACE OF DEATH

County Jackson

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

Township \_\_\_\_\_

Registration District No. 399

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

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

Primary Registration District No. 1002

Registered No. 1359

or City Kansas City (NO. Swedish Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME

Maudie Rush

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept 15, 1883  
(Month) (Day) (Year)

AGE 28 yrs. 7 mos. 7 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Music teacher  
(b) General nature of industry, business, or establishment in which employed (or employer) High school  
Kansas

BIRTHPLACE (City or town, State or foreign country) Merriam, Kans.

PARENTS NAME OF FATHER Jacob Rush  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kans.  
MAIDEN NAME OF MOTHER Giza A Stout  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kans.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John A. Rush  
(ADDRESS) Denver, Colo.

Filed 1912 W.S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 11, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 25, 1912, to Apr 11, 1912, that I last saw her alive on Apr 11, 1912, and that death occurred, on the date stated above, at 12:45 m.

The CAUSE OF DEATH\* was as follows:  
sepsis, caused by mixed infection both staphylococcus & streptococcus  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

(Signed) John H. Outland, M.D.  
Apr 11, 1912 (Address) 1025 Rialto 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)  
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 Lawrence Kans. DATE OF BURIAL Apr 12, 1912

UNDERTAKER W.W. Galt ADDRESS Rosedale Kans.

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.

Original file, date App 11, 1912 All information called for must be written on this Supplementary Certificate.

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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.)

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