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 Kaw

or

Village

or

City Kansas City (NO. Red Cross Hospital Ward)

res. 514 Howard ave K. C. Mo.

Registration District No. 399 File No. 39498

Primary Registration District No. 1002 Registered No. 4006

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

FULL NAME Mr Thos. Franklin Fehr.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR OR RACE white

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ ~~(Write the word)~~ widower

DATE OF BIRTH July (Month) 6 (Day), 1854 (Year)

AGE 58 yrs. 5 mos. 20 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Furniture Repair Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) Jones Dry Goods Co.

BIRTHPLACE (City or town, State or foreign country) Pennsylvania.

PARENTS

NAME OF FATHER Thomas Fehr

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

MAIDEN NAME OF MOTHER Miss Hester Reichard

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isaac N. Fehr.

(ADDRESS) 4125 Cambridge Rosedale

Filed DEC 29 1912 191__ W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 26 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 26, 1912, to Dec 26, 1912, that I last saw him alive on Dec 26, 1912, and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

108

(Duration) ___ yrs. ___ mos. 2 ds.

Contributory (SECONDARY) General Debility

(Duration) 3 yrs. ___ mos. ___ ds.

(Signed) Stephen H. Logan M. D.

Dec 28, 1912 (Address) 621 E 31

*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 Cemetery

DATE OF BURIAL Dec. 29, 1912

UNDERTAKER Eylar Bros.

ADDRESS 1401 Main St.

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 [illegible] of work and also (*b*) the nature of the business or [illegible]ry, and therefore an additional line is provided for [illegible]ter statement; it should be used only when needed. [illegible]mples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, [illegible]ocery; (*a*) *Foreman*, (*b*) *Automobile factory*. *The* [illegible]l worked on may form part of the second state- [illegible] Never return "Laborer," "Foreman," "Manager," [illegible]," etc., without more precise specification, as *Day* [illegible] *Farm laborer*, *Laborer—Coal mine*, etc. Women [illegible], who are engaged in the duties of the household [illegible]t paid *Housekeepers* who receive a definite salary), [illegible] entered as *Housewife*, *Housework*, or *At home*, and [illegible], not gainfully employed, as *At school* or *At home*. [illegible]ould be taken to report specifically the occupations [illegible]ns engaged in domestic service for wages, as *Ser-* [illegible]*ok*, *Housemaid*, etc. If the occupation has been [illegible] or given up on account of the DISEASE CAUSING [illegible] state occupation at beginning of illness. If re- [illegible]m business, that fact may be indicated thus: [illegible] *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*, *Sarcoma*, 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 *septichaemia*," "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.)

V. S. FORM XXX

Dr Rogers, 3/4 Hornsby St.