

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

PLACE OF DEATH  
County Jackson  
Township Kan  
or  
Village  
or  
City Kansas City Mo (NO. 907 East 16 St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 399 File No. 1502  
Primary Registration District No. 1002 Registered No. 226  
FULL NAME Sarah Wechsler

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)  
DATE OF BIRTH don't know  
(Month) (Day) (Year)

DATE OF DEATH Jan 27, 1913  
(Month) (Day) (Year)

AGE about 39  
yrs. mos. ds. If LESS than 1 day, hrs. or min.?

I HEREBY CERTIFY, that I attended, deceased from \_\_\_\_\_, 1907, to Jan 26, 1913, that I last saw her alive on Jan 26, 1913, and that death occurred, on the date stated above, at 10 a.m.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:  
Chronic parenchymatous nephritis

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

81A (Duration) 2 yrs. 1 mos. 13 ds.

NAME OF FATHER Joseph Glickman

Contributory Chronic urethritis  
(SECONDARY) (Duration) yrs. mos. ds.

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

(Signed) Reij. Jacobs M. D.  
127, 1913 (Address) Argyle Bldg

MAIDEN NAME OF MOTHER don't know

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

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Meyer Wechsler  
(ADDRESS) 907 East 16 St

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

FILED JAN 27 1913 REGISTRAR W.S. Whaley

PLACE OF BURIAL OR REMOVAL Edmwood DATE OF BURIAL Jan 29, 1913  
UNDERTAKER Wm W Wagner ADDRESS 1409 Grand Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. If not stated, it should be stated.

FROM THE BOARD OF HEALTH

United States Standard Certificate of Death

by U. S. Census and American Public Health Association

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthful and unhealthful pursuits can be known. The question should be asked of each and every person, irrespective of age, occupation, or sex, a single word or term on the first line of the certificate, sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Mechanic, etc.* But in many cases especially in the case of women employed in domestic employments, it is necessary to know (a) the nature of the business or occupation and also (b) the nature of the business or occupation; therefore an additional line is provided for this purpose; it should be used only when needed. (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Foreman, (c) Automobile factory.* The additional line may form part of the second statement of occupation on the return "Laborer," "Foreman," "Manager," "Clerk," without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women who are engaged in the duties of the household (e. g., *Housekeepers* who receive a definite salary), and those who are *Housewife, Housework, or At home, and those who are fully employed, as At school or At home.* Women should report specifically the occupations in which they are engaged in domestic service for wages, as *Servant, etc.* If the occupation has been reported on account of the DISEASE CAUSING OCCASION at beginning of illness. If necessary, that fact may be indicated thus: (e. g., *10 yrs.*). For persons who have no occupation, write *None.*

**Statement of cause of death.**—Name, first, the primary affection with remote causation, using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Diphtheritic fever" (never report "Typhoid pneumonia; Bronchopneumonia" ("Pneumonia," is indefinite); *Tuberculosis of lungs, Carcinoma, Sarcoma, etc.* of the origin; "Cancer" is less definite; avoid use of "malignant neoplasms); *Measles*

*Whooping cough; Chronic valvular heart disease, interstitial nephritis, etc.* The contributory (or intercurrent) affection need not be stated if it is not important. Example: *Measles* (disease causing the death); *Bronchopneumonia* (secondary), 10 days report mere symptoms or terminal conditions, "Asthenia," "Anaemia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debility genital," "Senile," etc.), "Dropsy," "Exhaustion failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc., if a definite disease can be ascertained as the cause. Qualify all diseases resulting from childbirth or carriage, as "PUERPERAL septicaemia," "Peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state the nature of the INJURY and qualify as ACCIDENTAL, SUICIDAL, or as probably such, if impossible to do so definitely. Examples: *Accidental drowning; Railway train—accident; Revolver wound of head—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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