

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. 325 Wabash Ave. St. _____ Ward _____)

Registration District No. 399

File No. 16530

Primary Registration District No. 1002

Registered No. 1562

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

FULL NAME Wilbur G. Spielman

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH

April 3, 1872
(Month) (Day) (Year)

AGE

41 yrs. 1 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Superintendent

(b) General nature of industry, business, or establishment in which employed (or employer) Street Paving

BIRTHPLACE

(City or town, State or foreign country) Tekamah, Nebraska

PARENTS

NAME OF FATHER

Jesse Spielman

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Penn.

MAIDEN NAME OF MOTHER

Sarah Jane Keister

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Penn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mae R. Spielman

(ADDRESS) 325 Wabash Ave

Filed MAY - 8 1913

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W. S. Whelley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 6, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1912, to _____, 1913,

that I last saw him alive on _____, 1913,

and that death occurred, on the date stated above, at 6.35 a

The CAUSE OF DEATH* was as follows:

Heart Failure General Paralysis

(Duration) 67 yrs. 13 mos. _____ ds.

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) M. D.

1913 (Address) _____

*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

Tekamah, Nebraska

DATE OF BURIAL

May 7, 1913

UNDERTAKER

D. W. Newcomb

ADDRESS

2111 East 9 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 kind of work and also (b) the nature of the business or and therefore an additional line is provided for statement; it should be used only when needed.

Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Foreman*; (b) *Automobile factory*. The work on may form part of the second statement whenever return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household are to be reported as *Housekeepers* who receive a definite salary, or as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations engaged in domestic service for wages, as *Server, Housemaid*, etc. If the occupation has been 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, 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 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.)

R. N. Wheeler
2 to 5
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