

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

PLACE OF DEATH
County Jackson
Township _____
or
Village _____
or
City Kansas City (NO. Wesley Hospital St. _____ Ward _____)

Registration District No. 399 File No. 39434
Primary Registration District No. 1002 Registered No. 3819

FULL NAME Cordie May Braenninger

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE married
MARRIED WIDOWED OR DIVORCED (If write the word)
DATE OF BIRTH August 35th, 1859
(Month) (Day) (Year)
AGE 54 yrs. 3 mos. 10 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Mo.
NAME OF FATHER Gideon Stapp
BIRTHPLACE OF FATHER (City or town, State or foreign country) N.Y.
MAIDEN NAME OF MOTHER Unknown Feland
BIRTHPLACE OF MOTHER (City or town, State or foreign country) N.Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Joseph Engelman

(ADDRESS) 3405 Bellefontaine-City
W.S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5th, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from September 1, 1913, to December 5, 1913, that I last saw her alive on December 5, 1913, and that death occurred, on the date stated above, at 6¹⁵ P.M.
The CAUSE OF DEATH* was as follows:

Chronic cholecystitis
130
acute nephritis with (Duration) 5 yrs. ___ mos. ___ ds.
Contributory postoperative suppression (SECONDARY) (Duration) ___ yrs. ___ mos. 11 ds.
(Signed) Frank R. Teachenor M. D.
Dec. 6, 1913 (Address) 429 Argyle 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. 54 mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL 12/7 1913
UNDERTAKER E. Stine & Son and Co. ADDRESS 924 Oak St.

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.

DEC -7 1913
Filed

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*, *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.)

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Jackson Registration District No. 399 File No. 3819
 Township _____ or Village _____ or City Kansas City (NO. Wesley Hosp - St.: _____ Ward) Primary Registration District No. 1002 Registered No. 3819
 [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Carrie May Breuninger

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>1</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED OR <u>m</u> (Write the word)	DATE OF DEATH <u>DEC 5</u> , 191 <u>3</u> (Month) (Day) (Year)	
DATE OF BIRTH _____, _____, _____ (Month) (Day) (Year)			WHEREBY CERTIFY, that I attended deceased from <u>Sept 1</u> , 191 <u>3</u> , to <u>Dec 5</u> , 191 <u>3</u> , that I last saw her alive on <u>Dec 5</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>1:50 p.m.</u>	
AGE _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.			CAUSE OF DEATH* was as follows: <u>Chronic Cholecystitis</u> <u>Cause of inflammation unknown</u>	
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. <u>acute infective dysenteric depression</u> <u>(operation for cholecystitis)</u> (Duration) <u>5</u> yrs. _____ mos. _____ ds. (Second) _____ (Duration) _____ yrs. _____ mos. <u>1 1/4</u> ds.	
BIRTHPLACE (City or town, State or foreign country) _____			(Signed) <u>Frank R. Teachenor</u> M. D. <u>Dec 5</u> , 191 <u>3</u> (Address) <u>429 Angyle Bldg</u>	
PARENTS	NAME OF FATHER _____		BIRTHPLACE OF FATHER (City or town, State or foreign country) _____	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) _____		MAIDEN NAME OF MOTHER _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____		BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death: _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(ADDRESS) _____			Where was disease contracted If not at place of death? _____	
FILED <u>1717</u> 191 <u>3</u> <u>W.S. Wheeler</u> REGISTRAR			Former or usual residence _____	
			PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 191 <u>3</u>	
			UNDERTAKER _____ ADDRESS _____	

Satisfactory Information Supplied.
SUPPLEMENTARY
Information Supplied.
Information Supplied.

CAUSE OF DEATH IN FULL TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

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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), 20 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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