

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 8728

PLACE OF DEATH

County Jackson

Township _____

or _____

Village _____

or _____

City Kansas City (NO. 3900 - Flora)

Registration District No. 399

File No. _____

Primary Registration District No. 1002

Registered No. 966

St.: _____ Ward _____

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

FULL NAME Elizabeth Gross

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F

COLOR OR RACE W

SINGLE MARRIED WIDOWED OR DIVORCED Widow

DATE OF DEATH Mar 25, 1914

(Month)

(Day)

(Year)

DATE OF BIRTH Mar 22, 1846

(Month)

(Day)

(Year)

AGE 68 yrs. 0 mos. 4 ds.

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

I HEREBY CERTIFY, that I attended deceased from Dec 27, 1913, to March 25, 1914 that I last saw her alive on March 25, 1914, and that death occurred, on the date stated above, at 11:30 P.

The CAUSE OF DEATH* was, as follows:

Softening of the brain

82A

826

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

Contributory Cerebral Hemorrhage

(SECONDARY)

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

(Signed) Geo. A. Graham M. D.

Mar 26 1914 (Address) 506 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 _____

BIRTHPLACE

(City or town, State or foreign country) Penn

NAME OF FATHER Geo Cook

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Penn

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles W. Gross

(ADDRESS) 1619 Garfield Kansas City Mo

MAR 26 1914

Filed _____ 191 _____

M. S. Wheeler

REGISTRAR

PLACE OF BURIAL OR REMOVAL Reinwood

DATE OF BURIAL Mar 27, 1914

UNDERTAKER Wm. C. R. Foster

ADDRESS Kansas City Mo

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.

No. - 1219
4414 Frost
A. 12.15

Revised United States Standard Certificate of Death

[Approved by U. S. Consus 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*, *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.)

CAUSE OF DEATH as stated on certificate. Physicians' occupation is very important.

PLACE OF DEATH

County Jackson

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

Township _____

Registration District No. 399

File No. _____

Village _____

Primary Registration District No. 1002

Registered No. 966

City _____

St.: _____ Ward _____

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

FULL NAME

Elizabeth Gross

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

F

COLOR OR RACE

W.

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Widow

DATE OF DEATH

March 25 1914
(Month) (Day) (Year)

DATE OF BIRTH

Satisfactory Information Supplied.

AGE

Satisfactory Information Supplied.

IF LESS than 1 day, hrs. or min.

I HEREBY CERTIFY, that I attended deceased from 1911 to 1914, that I last saw h. alive on 1914 and that death occurred, on the date stated above, at _____ m.

Satisfactory Information Supplied.

The CAUSE OF DEATH* was as follows:
Softening of the brain

6 W

Contributory Cerebral Hemorrhage
(SECONDARY)

(Signed) 3/26 1914 (Address) 806 Rialto Bldg. M. D.

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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

DATE OF BURIAL

Satisfactory Information Supplied.

UNDERTAKER

ADDRESS

Satisfactory Information Supplied.

Filed

1914

W. S. Wheeler
REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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8728

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