

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

8770

PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

Registration District No. 399

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 1002

Registered No. 1008

City Kansas City

(NO. 2909-w-Prospect St. Ward)

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

FULL NAME

Elizabeth Marie Jahn

PERSONAL AND STATISTICAL PARTICULARS

4 MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single

DATE OF DEATH Mar 28, 1914  
(Month) (Day) (Year)

DATE OF BIRTH May 18, 1903  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 7/27, 1914, to 3/28, 1914, that I last saw her alive on 3/28, 1914, and that death occurred, on the date stated above, at 11<sup>1/2</sup> hr.

AGE 8 yrs. 10 mos. 9 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Acute gastritis and pyemia from suppuration of throat glands  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

OCCUPATION (a) Trade, profession, or particular kind of work none 23 1/2 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_ 115 1/2

Contributory tubercular diabetes (SECONDARY) (Duration) 2 yrs. 4 mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Kansas City mo

NAME OF FATHER Charles H Jahn

(Signed) J. T. Bolover M. D. 7/28 1914 (Address) 1021 Grand Ave

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

MAIDEN NAME OF MOTHER Letta Stugill

\*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) Red Bridge mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds. In the \_\_\_\_\_ yrs. 2 yrs. 0 mos. 0 ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted If not at place of death?

(Informant) Letta Jahn

Former or usual residence 2724 Bellvue + Enis Cathlamet

(ADDRESS) 2724 Bellvue

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Mar 30 1914

MAR 29 1914 Filed \_\_\_\_\_ 1914 W. S. Wheeler REGISTRAR

UNDERTAKER Mrs. C. L. Forster ADDRESS 918 Brooklyn

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PREVIOUS OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH

# 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*, *Composer*, *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 *septicæmia*," "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.)

312 135 Mrs. Kelly

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DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS  
 BUREAU OF RECORDS AND STATISTICS  
 WASHINGTON, D. C.

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 JAN 10 1919

FILE NO. 1556 H

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