

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 27954  
2790

1 PLACE OF DEATH  
County Jackson  
Township Kear  
or  
Village  
or  
City Kansas City, Mo.

Registration District No. 1002  
Primary Registration District No.  
(NO. St. Lukes Hosp. St. Ward)

2 FULL NAME Morris Chester Deines

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
6 DATE OF BIRTH July 25 1899  
(Month) (Day) (Year)  
7 AGE 17 yrs. + 07 mos. 17 ds.  
If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(City or town, State or foreign country) Russell Kans

PARENTS  
10 NAME OF FATHER J. J. Deines  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Russia  
12 MAIDEN NAME OF MOTHER Elizabeth Frost  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Russia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. J. Deines  
Address 4813 Euclid Ave

15 AUG 13 1916 1916 Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 11 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 12 noon 1916 to August 11 1916 that I last saw him alive on August 11 1916 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH\* was as follows:  
Calcular embolus  
92A  
111B  
as far as I know since March 1916  
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart in lung, brain, kidney  
(Duration) yrs. mos. ds.  
(Signed) Julius B. Smith M. D.  
August 12 1916 (Address) 4011 Grand St

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

18 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

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Aug 12 1916

20 UNDERTAKER John Wagner ADDRESS 1409 Grand Ave



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 Jackson  
 County Jackson REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW  
 Township Kansas City Registration District No. 399 File No. 2790  
 or Kansas City Primary Registration District No. 1002 Registered No. 2790  
 or Kansas City (NO.          St.          Ward         )  
 City          (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
 2 FULL NAME Morris Chester Deines

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE  MARRIED  WIDOWED  OR DIVORCED  (Write the word)  
 6 DATE OF BIRTH          1.          (Month)          (Day)          (Year)  
 7 AGE          yrs.          mos.          ds. IF LESS than 1 day, hrs.          or min.?  
 8 OCCUPATION (a) Trade, profession, or particular kind of work Satisfactory Information Supplied.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Satisfactory Information Supplied.  
 9 BIRTHPLACE (City or town, State or foreign country) Satisfactory Information Supplied.  
 PARENTS  
 10 NAME OF FATHER Satisfactory Information Supplied.  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Satisfactory Information Supplied.  
 12 MAIDEN NAME OF MOTHER Satisfactory Information Supplied.  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Satisfactory Information Supplied.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 11 1916  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, that I attended deceased from          191         to          191        ,  
 that I last saw him          191        ,  
 and that death occurred, on the date stated above, at          m.  
 The CAUSE OF DEATH was as follows: Satisfactory Information Supplied.  
 (Duration)          yrs.          mos.          ds.  
 CONTRIBUTORY (Secondary)           
 (Duration)          yrs.          mos.          ds.  
 (Signed)          M. D.  
 191         (Address)           
 \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
 18 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           
 19 PLACE OF BURIAL OR REMOVAL          DATE OF BURIAL          191          
 20 UNDERTAKER          ADDRESS         

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant)           
 (Address)           
 15 Filed 8-13 1916 Thos F Miller  
 Registrar

# Revised United States Standard Certificate of Death

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

45612

**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; Broncho-pneumonia* ("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 inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*; *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 septichaemia," "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.)