

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

1 PLACE OF DEATH

County Jackson
Township 2nd
or
Village
or
City Kansas City

Registration District No. 889
Primary Registration District No. 1002
(NO. 2703 Holmes St. Ward)

File No. 34234
Registered No. 320

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

2 FULL NAME Yetta Marcus

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe 4 COLOR OR RACE wh 5 SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Sept. 27 1916
(Month) (Day) (Year)

7 AGE 44 yrs. 25 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife 921
(b) General nature of industry, business, or establishment in which employed (or employer) 1151

9 BIRTHPLACE (City or town, State or foreign country) Russia 561

10 NAME OF FATHER Shopse
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Russia
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) R

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Isaac Marcus
(Address) 2703 Holmes

15 Filed 2703 Holmes 1916
W. F. Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 29 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 17, 1916 to Sept 27, 1916, that I last saw h. or alive on Sept 26, 1916, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:
The sudden death from Mitral insufficiency

(Duration) 1 yrs. 11 mos. 10 ds.

CONTRIBUTORY (Secondary) Inflammatory Rheumatism repeated attacks, chronic toxicities

(Signed) F. W. F. Muehling M. D.

Sept 30, 1916 (Address) 8702 Chesapeake Alley

*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 Sheffield DATE OF BURIAL 9/30 1916

20 UNDERTAKER J. P. Lewis ADDRESS 870 Ind. Ave.

OCT - 1 1916

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.

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 organ; "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 im-

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failure,"

"Haemorrhage,"

"marasmus,"

"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 mis-

carriage, 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 HOMI-

CIDAL, 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 "Con-

tributory." (Recommendations on statement of cause of

death approved by Committee on Nomenclature of the

American Medical Association.)