

1 PLACE OF DEATH  
Buchanan.

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

262

County .....

Township .....

Village .....

City St. Joseph,

Registration District No. 851

File No. ....

Primary Registration District No. 1001

Registered No. 173

(NO. 5812 Lake Avenue. St. .... Ward)

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

2 FULL NAME Anna. Kaczak.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female. 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single.

6 DATE OF BIRTH December. 8. 1912.  
(Month) (Day) (Year)

7 AGE 4. yrs. I. mos. 25. ds. IF LESS than 1 day.....hrs. or.....min.?

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

9 BIRTHPLACE Missouri.  
(City or town, State or foreign country)

PARENTS  
10 NAME OF FATHER Michael Kaczak.  
11 BIRTHPLACE OF FATHER Poland.  
(City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER Kate Kaczak.  
13 BIRTHPLACE OF MOTHER Poland.  
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mike Kaczak  
(Address) 5812 Lake Ave

15 Filed Jan 26, 1917 D. Steeey Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 26 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 20 1917, to Jan 26 1917 that I last saw him alive on Jan 26 1917 and that death occurred, on the date stated above, at 3:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Accidental Burns  
181  
V  
(Duration) ..... yrs. .... mos. 1 ds.

CONTRIBUTORY (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) J. J. Tucker M. D.  
Jan 26 1917 (Address) 700 King Hill Ave S.

\*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 Mt. Olivet Cemetery DATE OF BURIAL Jan. 26, 1917

20 UNDERTAKER A. C. Sidenfader ADDRESS 215 N. 10<sup>th</sup> St

# 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, 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.)

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

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

PLACE OF DEATH  
County Buchanan  
Township  
or  
Village St. Joseph  
or  
City (NO. 85 St. 1001 Ward)

File No. 123  
Registered No. 123

2 FULL NAME Anna Karzak

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W. 5 SINGLE S  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH 1917 (Month) 1 (Day) 1 (Year)

7 AGE 17 yrs. 0 mos. 0 ds.  
If LESS than  
1 day 0 hrs.  
or 0 min.?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 26 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from  
1917 to 1917,  
that I last saw h. alive on 1917,  
and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH\* was as follows:  
Accidental Burns  
Clothes ignited from Bon  
fire in (alley at play)  
(Duration) 0 yrs. 0 mos. 0 ds.

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

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

10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)

CONTRIBUTORY  
(Secondary) (Duration) 0 yrs. 0 mos. 0 ds.  
(Signed) J. E. Tucker M. D.  
1-26 1917 (Address) 404 King Hillman

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary J. Doherty  
(Address) 1007 1/2 N. 1st St. St. Joseph, Mo.

\*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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.  
Where was disease contracted  
if not at place of death? 1007 1/2 N. 1st St. St. Joseph, Mo.

Former or usual residence 1007 1/2 N. 1st St. St. Joseph, Mo.

15 Filed Mar 9 1917 Mary J. Doherty  
Registrar

19 PLACE OF BURIAL OR REMOVAL St. Joseph, Mo. DATE OF BURIAL 1917

20 UNDERTAKER St. Joseph, Mo. ADDRESS St. Joseph, Mo.

SUPPLEMENTARY INFORMATION

# Revised United States Standard Certificate of Death

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

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*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), 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 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.)