

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

1 PLACE OF DEATH

County Jackson
Township Kaw
or
Village
or
City K. C. Mo. (NO. 2114 Benton Block) Ward

Registration District No. 369 File No. 22217
Primary Registration District No. 1002 Registered No. 2755

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

2 FULL NAME Frank G. Altman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH January 21 1860
(Month) (Day) (Year)

7 AGE 57 yrs. 5 mos. 5 ds. If LESS than 1 day.....hrs. or.....min.?

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

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

10 NAME OF FATHER Clement Altman

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

12 MAIDEN NAME OF MOTHER Wilhelmina Roehling

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clem B. Altman
(Address) 1107 Walnut

15 JUN 23 1917

Filed..... 1917

Ady J. Marshall
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 20 1917, to June 20 1917, that I last saw him on June 20 1917, and that death occurred on the date stated above, at 2:00 m.

The CAUSE OF DEATH* was as follows:
Leptotrim Shoc. C.
111 caused from
1022 (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) Gastric perforation
(Duration)..... yrs..... mos..... ds.

(Signed) Jas. P. Hall M. D.
June 22 1917 (Address) 421 Altman

*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 2114 Benton Block

PLACE OF BURIAL OR REMOVAL Miss Mary DATE OF BURIAL 6/23 1917

20 UNDERTAKER J. J. Danell ADDRESS 1109 Pudge

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*, *peritonaeum*, 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.)

CERTIFICATE OF DEATH

County
 Township or Village or City *Kansas City* Registration District No. File No. *22217*
 Primary Registration District No. Registered No.
 (NO. *2114 Bunker Bld.*) Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Louis G. Altman*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX <i>M</i>	4 COLOR OR RACE <i>W</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <i>M</i>	16 DATE OF DEATH <i>June 21</i> 191 <i>7</i> (Month) (Day) (Year)
6 DATE OF BIRTH <i>5-11-1869</i> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <i>1917</i> to <i>1917</i> , that I last saw him <i>alive on</i> <i>1917</i> , and that death occurred, on the date stated above, at <i>m.</i>
7 AGE <i>47</i> yrs. mos. ds.		If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH was as follows: <i>Stroke Caused from Gastric perforation, (not traumatic)</i> <i>102</i>
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)			CONTRIBUTORY <i>Unknown</i> (Secondary) (Duration) yrs. mos. ds.
9 BIRTHPLACE (City or town, State or foreign country)			(Signed) <i>Geo. H. Hall</i> M. D. <i>6/22/17</i> (Address) <i>421 Altman</i>
PARENTS	10 NAME OF FATHER	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
	14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE (Informant) (Address)		At place of death yrs. mos. ds. In the State yrs. mos. ds.
	15 Filed <i>6/27</i> 191 <i>7</i> <i>Ada Jensen</i> Registrar		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	

Original file, date....., 19.....

All information called for must be written on this Supplementary Certificate.

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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 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 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.)