

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

5315

1 PLACE OF DEATH
County Jackson
Township Kanaw
or
Village
or
City Kansas City Mo. (NO 47 & 2 Summit 102 St. Ward)

Registration District No. 339
Primary Registration District No.

File No. 857
Registered No.

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

2 FULL NAME Augusta Egel

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 26 1867
(Month) (Day) (Year)

7 AGE 50 yrs. 2 mos. 28 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS
10 NAME OF FATHER Jackson
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) don't know
12 MAIDEN NAME OF MOTHER don't know
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm J Egel
(Address) 47 & 2 Summit St

15 Filed 191 Apr 25 1918
John W Wagner Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 23 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 1 1918 to Feb 23 1918
that I last saw her alive on Feb 20 1918
and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma of uterus
114
47
(Duration) 2 yrs. 10 mos. 10 ds.

CONTRIBUTORY (Secondary) Mixed Infection
(Duration) 10 ds.
(Signed) Wm J Egel M. D.
1123 1918 (Address) 835 Reals

*State the Disease Causing Death, or, in death 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 2 yrs. 0 mos. 0 ds. In the State 40 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death? Kansas City Mo
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Feb 25 1918

20 UNDERTAKER John W Wagner ADDRESS 1409 E Grand ave

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 it is necessary to know (a) the kind of work and also the nature of the business or industry, and therefore a second line is provided for the latter which should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. Occupations worked on may form part of the second line, but never return "Laborer," "Foreman," "Dealer," etc., without more precise description, as *Day laborer*, *Farm laborer*, *Laborer—general*, etc. Women at home, who are engaged in 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

8350
M. 4929
1-3

"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.)