

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

13769

1. PLACE OF DEATH  
 County Jackson Registration District No. 309 File No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_ District No. \_\_\_\_\_  
 City Kansas City (No. South Side Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Miss Rosa Audette  
 (a) Residence, No. 2201 Penn St. 3 Ward. \_\_\_\_\_ (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christopher Audette  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16, 1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 34 6 15 \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Bookkeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Moorehead Soap Bureau  
 9. BIRTHPLACE (CITY OR TOWN) Chetfield Minn  
 (STATE OR COUNTRY) Minn  
 10. NAME OF FATHER Martin Gorman  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Mary Gorman  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Wisconsin  
 14. INFORMANT Martin Gorman  
 (Address) Bow Bells W.D. Dakota  
 15. FILED 4/1, 1919 Ada Orvas REGISTRAR  
Dep.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1919  
 17. I HEREBY CERTIFY, That I attended deceased from March 20, 1919, to April 18, 1919, and that I last saw her alive on March 31, 1919, and that death occurred, on the date stated above, at 2 AM m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Pneumonia  
Spanish Influenza (duration) 1 yr. 7 mos. 7 ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY: \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_  
 (Signed) B.H. Zvait, M.D.  
4/18, 1919 (Address) 1208 W. Audette  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bow Bells W.D. Dakota DATE OF BURIAL 4/11 1919  
 20. UNDERTAKER Querk Tobin Co ADDRESS 208 W. 11th

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.

# 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*, *Stationary fireman*, etc.

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Ases, especially in industrial employ-  
ment, it is necessary to know (a) the kind of work  
the nature of the business or industry,  
an additional line is provided for the  
it, it should be used only when needed.  
HTT (a) *Spinner*, (b) *Cotton mill*, (c) *Sales-  
man*; (a) *Foreman*, (b) *Automobile fac-  
tory* worked on may form part of the  
ent. Never return "Laborer," "Fore-  
man," "Dealer," etc., without more  
specification, as *Day laborer*, *Farm laborer*,  
*Teacher*, etc. Women at home, who are  
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 occu-  
pation at beginning of illness. If retired from busi-  
ness, that fact may be indicated thus: *Farmer (re-  
tired, 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, peritoneum, 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 in-  
tercurrent) affection need not be stated unless im-  
portant. Example: *Measles (dis-  
eased 29 ds.; Bronchopneumonia (se-  
vere)*. Never report more symptoms or ter-  
ms such as "Asthenia," "Anemia" (or  
"Anæmia"), "Atrophy," "Collapse," "Con-  
ditions," "Debility" ("Congenital  
"Dropsy," "Exhaustion," "Hæ-  
morrhage," "Inanition," "Maras-  
mus," "Shock," "Uremia," "Weakness").  
Always qualify all diseases re-  
sulting from birth or miscarriage, as "PUERPERAL  
"PUERPERAL peritonitis," etc.,  
which surgical operation was

Missouri

VIOLENT DEATHS state MEANS OF INJURY AND QUALITY  
AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR AS  
probably such, if impossible to determine definitely.  
Examples: *Accidental drowning*; *struck by rail-  
way 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.)

Note:—Individual offices may add to above list of undesir-  
able terms and refuse to accept certificates containing them.  
Thus the form in use in New York City states: "Certificates  
will be returned for additional information which give any of  
the following diseases, without explanation, as the sole cause  
of death: Abortion, cellulitis, childbirth, convulsions, hemor-  
rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage,  
necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus."  
But general adoption of the minimum list suggested will work  
vast improvement, and its scope can be extended at a later  
date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.