

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

14146

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township Frank Primary Registration District No. _____ Registered No. _____
 City Kansas City, Mo. Wesley Hosp. St. _____ Ward _____

2. FULL NAME

(a) Residence No. 215 Indep. Ave. Ward _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
22 5 10 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoeman
 (b) General nature of industry, business, or establishment in which employed (or employer) Furniture
 (c) Name of employer Father

9. BIRTHPLACE (CITY OR TOWN) Russia
 (STATE OR COUNTRY)

10. NAME OF FATHER Nathan Golden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Snell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia
 (STATE OR COUNTRY)

14. INFORMANT Nathan Golden
 (Address) 215 Indep. Ave.

15. FILED 4/27, 1919 Edw. Armas REGISTRAR
Dep.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 19 19

17. I HEREBY CERTIFY, That I attended deceased from April 20 1919, to April 26 1919, that I last saw him alive on April 24 1919, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Parenchymatous Nephritis
1-2 (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 215 Indep. Ave.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinal analysis
 (Signed) W. J. ... M. D.

4/26 1919 (Address) 377 ...

*State the DISEASE CAUSING DEATH, or in death 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 Leeds Raytown DATE OF BURIAL 4-27-1919

20. UNDERTAKER J. P. Lewis ADDRESS 716 ...

K. 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.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

Revised United States Standard Certificate of Death

(Approved by U. S. Department of Health and Human Services)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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 the kind of work and also (b) the nature of the business or industry. Enter statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Colton 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 *Seaman, 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

PARENTS
1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF BIRTH (MONTH, DAY, YEAR)
5. OCCUPATION OF DECEASED
6. STATE OF BIRTH
7. PLACE OF BIRTH
8. COLOR OF HAIR
9. COLOR OF EYES
10. COLOR OF SKIN
11. HEIGHT
12. BUILD
13. HAIR
14. EYES
15. SKIN
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878. PLACE OF BIRTH
879. COLOR OF HAIR
880. COLOR OF EYES
881. COLOR OF SKIN
882. HEIGHT
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888. DEATH
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915. CAUSE OF DEATH
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986. HEIGHT
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989. EYES
990. SKIN
991. BIRTH
992. DEATH
993. CAUSE OF DEATH
994. STATE OF BIRTH
995. PLACE OF BIRTH
996. COLOR OF HAIR
997. COLOR OF EYES
998. COLOR OF SKIN
999. HEIGHT
1000. BUILD
1001. HAIR
1002. EYES
1003. SKIN
1004. BIRTH
1005. DEATH
1006. CAUSE OF DEATH
1007. STATE OF BIRTH
1008. PLACE OF BIRTH
1009. COLOR OF HAIR
1010. COLOR OF EYES
1011. COLOR OF SKIN
1012. HEIGHT
1013. BUILD
1014. HAIR
1015. EYES
1016. SKIN
1017. BIRTH
1018. DEATH
1019. CAUSE OF DEATH
1020. STATE OF BIRTH
1021. PLACE OF BIRTH
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1032. CAUSE OF DEATH
1033. STATE OF BIRTH
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1045. CAUSE OF DEATH
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1095. BIRTH
1096. DEATH
1097. CAUSE OF DEATH
1098. STATE OF BIRTH
1099. PLACE OF BIRTH
1100. COLOR OF HAIR
1101. COLOR OF EYES
1102. COLOR OF SKIN
1103. HEIGHT
1104. BUILD
1105. HAIR
1106. EYES
1107. SKIN
1108. BIRTH
1109. DEATH
1110. CAUSE OF DEATH
1111. STATE OF BIRTH
1112. PLACE OF BIRTH
1113. COLOR OF HAIR
1114. COLOR OF EYES
1115. COLOR OF SKIN
1116. HEIGHT
1117. BUILD
1118. HAIR
1119. EYES
1120. SKIN
1121. BIRTH
1122. DEATH
1123. CAUSE OF DEATH
1124. STATE OF BIRTH
1125. PLACE OF BIRTH
1126. COLOR OF HAIR
1127. COLOR OF EYES
1128. COLOR OF SKIN
1129. HEIGHT
1130. BUILD
1131. HAIR
1132. EYES
1133. SKIN
1134. BIRTH
1135. DEATH
1136. CAUSE OF DEATH
1137. STATE OF BIRTH
1138. PLACE OF BIRTH
1139. COLOR OF HAIR
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1174. DEATH
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1177. PLACE OF BIRTH
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1186. BIRTH
1187. DEATH
1188. CAUSE OF DEATH
1189. STATE OF BIRTH
1190. PLACE OF BIRTH
1191. COLOR OF HAIR
1192. COLOR OF EYES
1193. COLOR OF SKIN
1194. HEIGHT
1195. BUILD
1196. HAIR
1197. EYES
1198. SKIN
1199. BIRTH
1200. DEATH
1201. CAUSE OF DEATH
1202. STATE OF BIRTH
1203. PLACE OF BIRTH
1204. COLOR OF HAIR
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1206. COLOR OF SKIN
1207. HEIGHT
1208. BUILD
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1284. COLOR OF SKIN
1285. HEIGHT
1286. BUILD

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

1. PLACE OF DEATH
 County Jackson Registration District No. _____ File No. 14146
 Township Law Primary Registration District No. _____ Registered No. 2107
 City Kansas City No. Wesley Hospital St. _____ Ward _____

2. FULL NAME Charles Golding
 (a) Residence No. 215 Indep. ave St. _____ Ward _____
 (Usual place of abode) (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? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE	YEARS	MONTHS
<u>22</u>	<u>Unknown</u>	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Salesman</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Furniture</u>		
(c) Name of employer <u>Father</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
10. NAME OF FATHER <u>Nathan Golding</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
12. MAIDEN NAME OF MOTHER <u>Shanahin</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		

14. INFORMANT Nathan Golding
 (Address) 215 Indep Ave

15. FILED 11-6-19 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1919
 17. HEREBY CERTIFY, That I attended deceased from April 26, 1919, to April 26, 1919
 that I last saw him alive on April 25, 1919, and that death occurred on (the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Parenchymatous Nephritis
 (duration) yrs. mos. ds.
 CONTRIBUTORY Uremia
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 215 Indep Ave.
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Urim. Analysis
 (Signed) J.D. Jarvitz M. D.
4/26, 1919 (Address) 1329 Argyle Bldg

*State the DISEASE CAUSING DEATH, or if death 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 Leeds Raytown DATE OF BURIAL 4-27 1919
 20. UNDERTAKER J.P. Lewis ADDRESS 715 Paveo

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

K. B.—Every item of information should be carefully supplied. A E shall 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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*, *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 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable 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 gives any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, 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.