

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

STATE OF KANSAS

STANDARD

State Board of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Do not write
 28388
 in this space

1 PLACE OF DEATH: County Bates 48
 Township Homer Registered No. 10 5072
 or City Amoret No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Louise Carpenter
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) Married
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. W. Carpenter
 6 DATE OF BIRTH (month, day, and year) _____
 7 AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
59 9 15
 8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) _____ 1921
 17 I HEREBY CERTIFY, That I attended deceased from May 1, 1921, to Nov 20, 1921, that I last saw her alive on Nov 19, 1921, and that death occurred, on the date stated above, at 6 am.
 The CAUSE OF DEATH* was as follows: Insufficiency of Mitral Regurgitation of Heart
 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. 5 mos. _____ ds.
 18 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) J. M. Smith, M. D.
 , 19 _____ (Address) Amoret Mo.

* 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.)

9 BIRTHPLACE (city or town) Virginia
 (State or country) Dell
 10 NAME OF FATHER Thomas Nallich
 11 BIRTHPLACE OF FATHER (city or town) Staatgart
 (State or country) Germany
 12 MAIDEN NAME OF MOTHER Christina E. Seypher
 13 BIRTHPLACE OF MOTHER (city or town) Ulmd
 (State or country) Germany

14 Informant L. L. Carpenter
 (Address) Amoret Mo.
 15 Filed 12-22-19 Elvio De Villavieja
 Registrar

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Trading Post DATE OF BURIAL 11/22 1921
 20 UNDERTAKER Taylor & Son ADDRESS Amoret Mo.
Haus

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 specifications, 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 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 childbirth 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 give 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.

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

Nov 1921

1. PLACE OF DEATH
 County Bates Registration District No. 48 File No. 3
 Township Homer Primary Registration District No. 5172 Registered No. 10
 City (No. _____) St. _____ Ward _____

2. FULL NAME Pathy Louise Carpenter
 (a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 15

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

9. BIRTHPLACE (CITY OR TOWN) Virginia Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER Thos Deatsch

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

12. MAIDEN NAME OF MOTHER Christena B. Sypher

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

14. INFORMANT L. J. Carpenter
 (Address) Assonet Mo.

15. FILED 12/22 1921 Elic Williams
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 19 1921
 17. I HEREBY CERTIFY That I attended deceased from May 1st 1921 to Nov 19 1921 that I last saw him live on Nov 19 1921 and that death occurred on the date stated above, at 6:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Insufficiency of heart

CONTRIBUTORY (SECONDARY) 90
 (duration) yrs. mos. da.

18. 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) J. M. Sautter, M. D.
 10 (Address) Assonet Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL Trading Post DATE OF BURIAL 11/22 1921

20. URBERTAKER Taylor & Son ADDRESS Pleasanton Kans.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

DO NOT WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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