

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

28847

399

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. 3571
 Township Dea Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. 76 C. Genl Insp) St. _____ Ward _____

2. FULL NAME

Baxter Dada
 (a) Residence. No. 1231 Wash St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-15-1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 | 9 | 12 | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Cracker factory
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Nebraska

PARENTS

10. NAME OF FATHER Perry Pailetin
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kansas
 12. MAIDEN NAME OF MOTHER Emma Brie
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kansas

14. INFORMANT Neund Clerk (Address) 76 C. Genl Insp.

15. FILED 10/28/22 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27-22
 17. I HEREBY CERTIFY, That I attended deceased from 10-20-22, 1922, 10-27-22, 1922 that I last saw him alive on 10-27-22, 1922 and that death occurred, on the date stated above, at 9:15 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

ac. dilatation of stomach
Suppurative & pleuric peritonitis
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. 12 hrs.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10/26/22
 WAS THERE AN AUTOPSY? _____
 WHOSE TEST CONFIRMED DIAGNOSIS? Joseph M. Bates, M. D. (Signature) _____ (Address) 76 C. Genl Insp.
 10/28/22 1922

*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 St. Joseph Mo DATE OF BURIAL Oct 28/22

20. UNDERTAKER W. C. Bergmann ADDRESS St. Joseph Mo

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, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *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 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.

28807

STANDARD CERTIFICATE OF DEATH

28807
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
 County Jackson State Missouri Registered No. 4176
 Township 1002 or Village _____ of _____
 City Kansas City, No. General Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida L. (Baxter) Partolow
 (a) Residence. No. St. Joseph, Missouri St. _____ Ward _____
(Usual place of abode)
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Indian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5a If married, widowed, or divorced (Separated from)
 HUSBAND of Orville Baxter
 (or) WIFE of _____
 6 DATE OF BIRTH (month, day, and year) Jan. 7, 1898
 7 AGE Years 24 Months 9 Days 20
 IF LESS than 1 day, hrs. or min.

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

9 BIRTHPLACE (city or town) Iowa Reservation
 (State or country) Nabr. Kansas

10 NAME OF FATHER Harry A. Partolow

11 BIRTHPLACE OF FATHER (city or town) Jackson Co., Kansas
 (State or country)

12 MAIDEN NAME OF MOTHER Emma Brien (Iowa # 39)

13 BIRTHPLACE OF MOTHER (city or town) Barada
 (State or country) Nabr.

14 Informant Orville G. Partolow
 (Address) xxxxx 1523 Dover Ave. St. Joe, Mo.

15 Filed 10/27, 1922 M. M. Crowe REGISTRAR
 11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 27, 1922 19
 17 I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1922, to Oct. 27, 1922
 that I last saw her alive on Oct. 27, 1922
 and that death occurred, on the date stated above, at 9:15 P.M.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of Stomach
Salpingitis and Pelvic Peritonitis
 (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted _____ (duration) _____ yrs. _____ mos. _____ ds.
 if not at place of death?

Did an operation precede death? yes Date of 10-26-22

Was there an autopsy? _____

What test confirmed diagnosis?
 (Signed) Joseph G. Webster M. D.
 (Address) General Hosp.

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19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph, Missouri
Mt. Auburn Cemetery, DATE OF BURIAL Oct. 30, 1922

20 UNDERTAKER Fleeman McNeal ADDRESS St. Joseph Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. EXTENSION is very important.

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11—3754

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