

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

8176

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1361
 Township Kansas City Primary Registration District No. 1002 Registered No. 1361
 City Kansas City (No. Died at 3825 main) Kansas City Mo. (Ward)

2. FULL NAME

Geo W Pring
 (a) Residence. No. 4200 Kingman Blvd St. Des Moines Ia Ward. Des Moines Ia
 (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 Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE of Ora E Thalls

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 | 6 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work International laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Boilermakers
 (c) Name of employer

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

Iowa

10. NAME OF FATHER

Jeremiah Pring

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

Iowa

12. MAIDEN NAME OF MOTHER

unknown

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

Iowa

14. INFORMANT Geo W Pring
 (Address) 4200 Kingman Blvd Des Moines Ia

15. FILED 26 25 M. M. Cerove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1925

17. I HEREBY CERTIFY, That I attended deceased from Feb 21 1925 to March 26 1925 that I last saw him alive on March 26 1925, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

exhaustion from drainage of bowels through catheter following operation for bladder conditions (duration) yrs. mos. da.

CONTRIBUTORY rupture of intestines (SECONDARY) Wall (duration) yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual tests
 (Signed) Chas O Clegg, M. D.

March 26, 1925 (Address) 307 Chain Street

*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

Des Moines Iowa

DATE OF BURIAL

3-26-1925

20. UNDERTAKER

P. H. Hargrett

ADDRESS

M. C. K.

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 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 solo 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.

by check marks, lacking from the death certificate:

George W. Pring

died at: Kansas City Mo on March 26 1925

Address: No. 3825 Main St. Des Moines Iowa
(If nonresident, city or town)

Age of residence in city or town where death occurred: Years _____ Months _____ Days 50

Sex Male Color or race White Single, married, widowed or divorced: Married

Age of birth: _____ Age: Years 56 Months _____ Days _____

Occupation: (a) Trade Gen. Electric Co. Wash (b) Industry: _____

Place of birth (State or country) _____

Place of father (State or country) _____

Place of mother (State or country) _____

Cause of Death: Exhaustion from drainage of

veins through abdomen following operation

Contributory: for Bladder trouble. Conditions. Rupture

intestinal wall. Carcinoma of Bladder Intestines

Was disease contracted? Probably in Croatia

Operation precede death? operation Jan 7th 1925 at Methodist Hospital Des Moines Iowa

Was there an autopsy? Yes Best confirmed diagnosis? 49

Name of physician: _____

Address of physician: _____

The information is sought for statistical purposes. Prompt return of information desired will be appreciated. For your reply, an envelope

8/17/8

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