

1 PLACE OF DEATH

County JacksonTownship RavVillage Kansas CityCity Kansas CityRegistration District No. 899File No. 3705Primary Registration District No. 1002Registered No. 27712(NO 1803 Kensington Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Josephine Gove

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE MARRIED WIDOWED OF, DIVORCED (Write the word) Widowed6 DATE OF BIRTH July 23rd 1848

(Month)

(Day)

(Year)

7 AGE 71 yrs. 1 mos. 26 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Retired(b) General nature of industry business, or establishment in which employed (or employer) ✓

9 BIRTHPLACE

(City or town, State or foreign country) St Louis Mo10 NAME OF FATHER Charles DeFrees

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country) Holland12 MAIDEN NAME OF MOTHER Josephine DeFrees

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. Gove(Address) 1803 Kensington

15

Filed 9-20 1919AdamsRegistrar Def

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 19 1919

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 3 1919 to Sept 19 1919that I last saw him alive on Sept 14 1919and that death occurred, on the date stated above, at 6-55 a m.

The CAUSE OF DEATH* was as follows:

46 B Carcinoma of Liver
46 C Stomach and Ascending Colon(Duration) 2 yrs. 5 mos. 10 ds.CONTRIBUTORY (Secondary) Probable Malnutrition(Duration) 5 yrs. 5 mos. 10 ds.(Signed) E. H. Perkins M. D.Sept 19 1919 (Address) Hyatt Park Bldg

*State the Disease Causing Death, or, in cases from Violent Causes, only (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place 30 yrs. 1 mos. 26 ds. In the 71 yrs. 1 mos. 26 ds.

Where was disease contracted if not at place of death?

Former or usual residence 1803 Kensington

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Forest Hill Cemetery 9/21 191920 UNDERTAKER H. W. GatesADDRESS Roadside

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*, *peritonaeum*, 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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.)