

WRITE IN INK, WITH UNFADING INK—THIS IS A REQUIREMENT

N. 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.

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

PLACE OF DEATH

County Jackson
Township Kaw
or
Village _____
or
City Kansas City (NO. General Hospital St.: _____ Ward)

Registration District No. 399 File No. 39255
Primary Registration District No. 1002 Registered No. 3769

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

FULL NAME

Anna Buldr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow
DATE OF BIRTH July 26, 1862
(Month) (Day) (Year)

AGE 50 yrs. 4 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Prague, Cze.

PARENTS
NAME OF FATHER Jim Schwartz
BIRTHPLACE OF FATHER (City or town, State or foreign country) Prague
MAIDEN NAME OF MOTHER Ann. Ogachewa
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Prague

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dora L. Leichhardt
Record Clerk
(ADDRESS) General Hospital

Filed DEC 10 1912 W.S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/1, 1912, to 12/3, 1912, that I last saw her alive on 12/3, 1912, and that death occurred, on the date stated above, at 3:10 P.M.

The CAUSE OF DEATH* was as follows:
General Septicemia
3 1/2
5 1/2
(Duration) 1 yrs. 0 mos. 0 ds.

Contributory Malnutrition
(SECONDARY) (Duration) 1 yrs. 2 mos. 2 ds.
(Signed) Justacey M. D.
Dec. 3, 1912 (Address) General Hospital

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
At place of death 1 yrs. 23 ds. In the State 1 yrs. 0 mos. 23 ds.
Where was disease contracted if not at place of death?
Former or usual residence 1703 Jefferson

PLACE OF BURIAL OR REMOVAL Anatomical Society DATE OF BURIAL _____ 1912
UNDERTAKER Ford Rogers ADDRESS 402 Argyle

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 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.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH

County Jackson

Township _____ or Village _____ or City Kansas City

Registration District No. 399

File No. _____

Primary Registration District No. 1002

Registered No. 3763

St. General Hospital Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Anna Bulde

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widow
(Write the word)

DATE OF BIRTH July 26, 1862
(Month) (Day) (Year)

AGE 50 yrs. 4 mos. 7 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Prague

NAME OF FATHER Jim Schwartz

BIRTHPLACE OF FATHER (City or town, State or foreign country) Prague

MAIDEN NAME OF MOTHER Anna Ogachewa

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Prague

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hory L. Reichhardt

(ADDRESS) General Hospital

FEB -7 1913

W.S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12-3, 1912, to 12-3, 1912, that I last saw her alive on 12-3, 1912, and that death occurred, on the date stated above, at 3:10 a.m.

The CAUSE OF DEATH* was as follows:
General septicemia
(Staphylococcus albus)
secondary to paronychia
(Duration) ____ yrs. ____ mos. ____ ds.

Contributory malnutrition
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J.W. Haller M. D.
Dec. 3, 1912 (Address) General Hospital

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Anatomical Society

DATE OF BURIAL _____ 1912

UNDERTAKER Ford B. Rogers

ADDRESS 402 Argyle

WI PLAINLY, WITH UNFADING INK—THE

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

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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 "Asthensia," "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.)

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