

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

PLACE OF DEATH
County Jackson
Township New
or
Village
or
City Manassas City (NO. German Hospital Ward)

Registration District No. 3997 File No. 26568
Primary Registration District No. 1002 Registered No. 2726

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

FULL NAME Allie Candler

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Married</u>
DATE OF BIRTH <u>Mar 31, 1875</u> (Month) (Day) (Year)		
AGE <u>38 yrs. 4 mos. 21 ds.</u>		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Smithville Mo</u>		
PARENTS	NAME OF FATHER <u>A. Over</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Va.</u>	
	MAIDEN NAME OF MOTHER <u>Sallie Lowe</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Aug 21, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 5, 1913, to Aug 21, 1913, that I last saw her alive on Aug 21, 1913, and that death occurred, on the date stated above, at 9:45 a m.

The CAUSE OF DEATH* was as follows:
Tubercular Peritonitis

85
129A
(Duration) ___ yrs. 6 mos. ___ ds.

Contributory Perforation of Duodenum
(SECONDARY) (Duration) ___ yrs. ___ mos. 3 ds.

(Signed) John L. Lapp M. D.
Aug 20, 1913 (Address) 19124 Pialto

*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. 3 weeks

Where was disease contracted if not at place of death?
Former or usual residence 2411 College

PLACE OF BURIAL OR REMOVAL Smithville Mo. DATE OF BURIAL Aug - 21 1913

UNDERTAKER Mrs. C. R. Forster ADDRESS 918 Brooklyn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. D. Candler
(ADDRESS) 2411 College
AUG 21 1913
Filed _____ 191____ N. S. Wheeler REGISTRAR

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.

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*, *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 "Asthemia," "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.)

CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH
County Jackson
Township Kaw
or Village
or City Kansas City (No. German Hospital Ward)

Registration District No. 399 File No. 2726
Primary Registration District No. 1002 Registered No. 2726

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

FULL NAME Allie Bauder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF DEATH Aug 21, 1913
(Month) (Day) (Year)

DATE OF BIRTH Satisfactory Information Supplied.
(Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Satisfactory Information Supplied. 1913, to Satisfactory Information Supplied. 1913, that I last saw him alive on Satisfactory Information Supplied. 1913, and that death occurred, on the date stated above, at Satisfactory Information Supplied. m.

AGE Satisfactory Information Supplied.
If LESS than 1 day, hrs. or min. Satisfactory Information Supplied.
yrs. mos. ds. or min.

The CAUSE OF DEATH* was as follows:

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

Subcutaneous Peritonitis
Contributory Perforation of Intestines
due to Tubercular Ulceration
(Duration) yrs. 6 mos. ds.

BIRTHPLACE (City or town, State or foreign country) Satisfactory Information Supplied.

(Signed) J. J. Lapp M. D.
Aug 21, 1913 (Address) 924 Oriatto

NAME OF FATHER Satisfactory Information Supplied.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Satisfactory Information Supplied.

MAIDEN NAME OF MOTHER Satisfactory Information Supplied.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Satisfactory Information Supplied.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Satisfactory Information Supplied.

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(ADDRESS) Satisfactory Information Supplied.

Where was disease contracted if not at place of death? Satisfactory Information Supplied.

Former or usual residence Satisfactory Information Supplied.

Filed Aug 21, 1913 W. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Satisfactory Information Supplied. DATE OF BURIAL Satisfactory Information Supplied. 1913

UNDERTAKER Satisfactory Information Supplied. ADDRESS Satisfactory Information Supplied.

Revised United States Standard Certificate of Death

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

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26562
809592

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.)