

N. B.—Every effort should be made to obtain 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.

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

Do not use this space.

38925

1. PLACE OF DEATH: Newton, Granby
 County: Newton Registration District No. 614
 Township: Granby Primary Registration District No. 5809 File No. 5816
 City: Newton (No. Heath Monarch Springs) Registered No. 18
 2. FULL NAME: Nancy Jane Pracht
 (a) Residence. No. _____ St. _____ Ward. _____
 (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: Female
 4. COLOR OR RACE: W.
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow
 6. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Pracht
 6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15 1846
 7. AGE: Years 80 Months 6 Days 16 If LESS than 1 day, _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work: retired
 (b) General nature of industry, business, or establishment in which employed (or employer): _____
 (c) Name of employer: _____
 9. BIRTHPLACE (CITY OR TOWN): Tennessee
 (STATE OR COUNTRY)
 10. NAME OF FATHER: Michael Layman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tennessee
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER: Maples
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tennessee
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 21 1926
 17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1926 to Dec 31 1926 that I last saw her alive on Dec 10 1926 and that death occurred, on the date stated above, at 8:20 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Chronic Cardiac
2. Dilatation and
3. Mitral regurgitation
 (duration) 40 yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) senility
 (duration) _____ yrs. _____ mos. _____ da.
 18. WHERE WAS DISEASE CONTRACTED: NO
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
Autopsy Signed: W. B. Roseberry M. D.
1927 (Address) Neosho Mo
 *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: Wichita Kansas DATE OF BURIAL: Jan 2 1927
 20. UNDERTAKER: Hurlbut Und Co ADDRESS: Gophers

14. INFORMANT (Address): [Signature]
 15. FILED: 1/1 1927 C. E. Mance REGISTRAR

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; Broncho-pneumonia* ("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 neoplasm); *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.; *Broncho-pneumonia* (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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton
Township Stanley
City Franklin (No. 614)

Registration District No. 614
Primary Registration District No. 5816

File No. 88 57
Registered No. 88 57
St. Franklin Ward 1

2. FULL NAME

Nancy Jane Pracht
(a) Residence No. St. Ward
(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 D 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Henry Pracht
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1846
7. AGE YEARS MONTHS DAYS 80 | 6 | 16 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired
(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) Pennsylv
10. NAME OF FATHER Michael Pracht
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylv
12. MAIDEN NAME OF MOTHER Nancy Maples
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylv

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 19 26
17. I HEREBY CERTIFY That I attended deceased from Dec 10 to Dec 31 19 26 that I last saw her alive on Dec 10 19 26 and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic cardiac dilatation and mitral regurgitation
Senility
CONTRIBUTORY (SECONDARY) Senility

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) G. M. Roseberry M. D.
Jan 1, 19 27 (Address) Neosho, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stichita, Kansas DATE OF BURIAL Jan 27 19 27
20. UNDERTAKER Hubert And Co ADDRESS Poplin Mo

14. INFORMANT Unknown
(Address) Moore Ave
15. FILED 210 M St REGISTRAR Herbert And Co

EMIT

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE CO LET'S PRESCRIBED BY LAW

N. B. - Item of this form should be filled out by the physician or other person who should state the cause of death. Exact and complete information is of importance.