

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

Do not use this space.

33773  
4225

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Raw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 5916) Paseo

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. Name Mr. Charles Lawrence Schwartz St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 15 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Schwartz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 | 4 | 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Engineer  
(b) General nature of industry, business, or establishment in which employed (or employer) AT Bell Tel Co.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Camp Point Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Chas. F. Schwartz

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

12. MAIDEN NAME OF MOTHER Josephine Stuck

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

14. INFORMANT Mrs. Mildred Schwartz  
(Address) 5916 Paseo

15. FILED 10/12, 1929 M. M. Crowe  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from October 1st, 1929, to October 12th, 1929, that I last saw him alive on October 12, 1929, and that death occurred, on the date stated above, at 2:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Gastric hemorrhage,  
(gallbladder mural hemorrhage)  
130

118 C (duration) yrs. mos. 11 da.

CONTRIBUTORY (SECONDARY) 103 B acute nephritis  
(duration) yrs. mos. 2 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical and autopsy  
(Signed) Joseph E. Walker, M. D.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tapekas Kans DATE OF BURIAL Oct. 14, 1929

20. UNDERTAKER S. H. Newcomer's ADDRESS 160 Mo

WRITE FULLY, INCLUDING INK. CAUSE OF DEATH in plain terms, so that they may be properly classified. Exact statement of OCCUPATION should be fully supplied. AGE should be stated EXACTLY. If female, state whether MARRIED, WIDOWED, DIVORCED, or SINGLE.



## 1 PLACE OF DEATH

County .....

Township .....

or

Village .....

or

City .....

Registration District No. ....

Primary Registration District No. ....

(NO. 5916)

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. ....

Registered No. 4728

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

## 2 FULL NAME

Charles L. Schwartz

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX  
4 COLOR OR RACE  
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)6 DATE OF BIRTH  
(Month) (Day) (Year)7 AGE  
If LESS than 1 day... hrs. or... min.?  
yrs. mos. ds.8 OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE  
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed 10/12 1912

2907

M. Brown Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 17 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from 191 to 191  
that I last saw him alive on 191  
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Gastric Hemorrhage  
(capillary mucosal hemorrhage)

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) M. D.

191 (Address) .....

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

18 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 .....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191

20 CERTAKER

ADDRESS

Original

Jan 18 1930

All information called for must be written on this Supplementary Certificate

SUPPLEMENTARY

PERMANENT PHYSICIANS (1) d state

REGISTERED

1

1

1

1

term of information as to CAUSE OF DEATH in plain terms. If it may be properly classified, Exact statement of OCCUPATION is to be stated EXACTLY.

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# 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 inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*; *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.)

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