

1 PLACE OF DEATH

County JacksonTownship KawVillage Kansas CityCity (NO. Research Hosp.)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **36374**Registration District No. 399File No. 4784Primary Registration District No. 1002Registered No. 4784St. Ward

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

2 FULL NAME Samuel Gershon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married
MARRIED Married
WIDOWED OR DIVORCED Married
(Write the word)6 DATE OF BIRTH Not known
(Month) (Day) (Year)7 AGE 66 yrs. mos. ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE (City or town, State or foreign country) RussiaPARENTS 10 NAME OF FATHER Not Known
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not Known
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not Known14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Tom Gershon
(Address) 5842 Troost Ave.15 Filed 11/27 1930 M. M. Crowe
Assr Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 25th 1930
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Nov 15th 1930 to Nov 25th 1930, that I last saw him alive on Nov 25th 1930 and that death occurred, on the date stated above, at 9:00 p.m.The CAUSE OF DEATH* was as follows:
Chronic Broncho - Pneumonia9003
(Duration) yrs. mos. ds.CONTRIBUTORY Chronic Myocarditis
(Secondary)(Signed) Joseph Sullivan M. D.
Nov 26, 1930 (Address) 1219 Realt. Bldg.

*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 Mt Carmel Cem. DATE OF BURIAL 11-27-30 193020 UNDERTAKER J.P. Louis Funeral Home, City ADDRESS

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 or sex.

For many occupations a single word or short line will be sufficient, e. g., *Farmer or Mechanic, Composer, Architect, Locomotive Engineer, Stationary fireman*, etc. But especially in industrial employments, it should be known: (a) the kind of work and also the business or industry, and therefor a longer line is provided for the latter which should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. Occupations marked on may form part of the second line. For men return "Laborer," "Foreman," "Dealer," etc.; without more precise designation, *Day laborer, Farm laborer, Laborer*—Women at home, who are engaged in the household only (not paid *Housewife* or a definite salary), may be entered as *Housewife*, or *At home*, and children, employed, as *At school* or *At home*. For women to report specifically the occupation engaged in domestic service for a household, *Cook, Housemaid*, etc. If the person has been discharged or given up on account of illness, state occupation at the time of death.

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, peritonæum*, 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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 septichæmia," "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.)