

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 \_\_\_\_\_

or

Village \_\_\_\_\_

or

City KANSAS CITY.

Registration District No. 399

File No. 5297

Primary Registration District No. 1002

Registered No. 729

(No. St Joseph Hosp St. 1 Ward)

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

FULL NAME Mary E. Kiser

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan 23 1847  
(Month) (Day) (Year)

AGE 63 yrs. 1 mos. 8 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS  
NAME OF FATHER Wm. Butler  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio  
MAIDEN NAME OF MOTHER Emily Budge  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Wm. J. ...  
(ADDRESS) West ...

Filed MAR 1 1910 N. S. Wheeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 1st 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 21 - 1910, to March 1 - 1910, that I last saw her alive on March 1 - 1910, and that death occurred, on the date stated above, at 3:00 PM

The CAUSE OF DEATH\* was as follows:  
Carcinoma uteri  
4 1/2  
(Duration) yrs. mos. ds. 18

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds. \_\_\_\_\_  
(Signed) J. W. Berlin M. D.  
March 1 1910 (Address) Kansas City Mo

\*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 1050 ... Kansas DATE OF BURIAL March 1 1910  
UNDERTAKER H. W. Gates ADDRESS ...

# 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 is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; *Foreman*, (b) *Automobile factory*. The material entered on may form part of the second statement. For return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For 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*, *Sar-*

*coma*, 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* (contributory), 10 ds. Never report mere symptoms, "Heart failure," "Heart disease," "Heart rasmus," "Old age," etc., when a cause. Always state cause. "Congenital," "Birth or miscarriage," "Heart failure," "Puerperal rhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a cause. Always state MEANS OF DEATH, or HOMICIDE, or HOMICIDE, to determine cause. "Puerperal septicaemia," "Puerperal infection; Struck by lightning; Struck by lightning—homicide; 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.)

