

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH

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

County Jackson
Township Manassah City
or
Village _____
or
City KANSAS CITY

Registration District No. 399 File No. 20260
Primary Registration District No. 1002 Registered No. 245A
(NO. 2815 Webster St. 10 Ward)

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

FULL NAME Mrs. Virginia Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE S MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH June (Month) 1907 (Year)
If LESS than 1 day, ____ hrs. or ____ min.?

AGE 1 yrs. 1 mos. 14 ds.

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS
NAME OF FATHER Charles C. Scott
BIRTHPLACE OF FATHER (City or town, State or foreign country) Jackson Tenn.
MAIDEN NAME OF MOTHER Martha Reed
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Paducah Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. B. Scott

(ADDRESS) 2815 Webster
JUL 29 1910
Filed _____ 1910
Clara Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-22 (Month) (Day) (Year) 1910

I HEREBY CERTIFY, that I attended deceased from 1-1, 1910, to 7-22, 1910, that I last saw him alive on 7-22, 1910, and that death occurred, on the date stated above, at 6 A.M.
The CAUSE OF DEATH* was as follows:

Inanition due to gastro-intestinal trouble
119B
158 (Duration) 1 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. M. Reed M. D.
7/22 1910 (Address) 520 Webster

*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 Forest Hill DATE OF BURIAL JUL 23 1910
UNDERTAKER E. Stine & Son Undertaking Co. ADDRESS 408 E. 9th St.

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 salary), persons engaged in household service, *Housewife*, *House-keeper*, *Cook*, *Housemaid*, etc. If the occupant was formerly employed, changed or given up on account of the illness, it should be taken to **DEATH**, state occupation at beginning of illness. Persons engaged in business, that fact may be stated, as *Merchant*, *Cook*, *House-Farmer (retired, 6 yrs.)*. For persons who have changed or given up occupation whatever, write *None*.

Statement of cause of death.—State cause of death, state occupation at beginning of illness. **DISEASE CAUSING DEATH** (the primary cause, with respect to time and causation), using appropriate medical term for the same disease.]

Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (never report "Croup"); *Typhoid fever* (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia*; *Tuberculosis* (never report "Tuberculosis"); *Carcinoma*, (never report "Cancer" for malignant neoplasms); *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. (avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. (avoid use of "Tumor" for malignant neoplasms); *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.)

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* (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.)

