

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

PLACE OF DEATH

County Jackson  
Township Kaw  
or  
Village \_\_\_\_\_  
or  
City Kansas City Mo. (NO. General Hospital St. 17 Ward)

Registration District No. 899 File No. 24000  
Primary Registration District No. 1002 Registered No. 2865

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

FULL NAME Lacey Logan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

DATE OF DEATH Aug 23, 1910  
(Month) (Day) (Year)

DATE OF BIRTH Aug 10, 1879  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 14, 1910, to Aug 23, 1910, that I last saw him alive on Aug 23, 1910, and that death occurred, on the date stated above, at 11<sup>30</sup>A AM.

AGE 31 yrs. 13 mos. 13 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

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

Pulmonary Tuberculosis  
(Duration) \_\_\_\_ yrs. 10 mos. \_\_\_\_ ds.

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

Contributory (SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

PARENTS  
NAME OF FATHER Geo Logan  
BIRTHPLACE OF FATHER (City or town, State or foreign country) S. Cal.  
MAIDEN NAME OF MOTHER Not Known  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not Known

(Signed) Geo Piskin M. D.  
1875 1910 (Address) Kenilworth

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Geo Piskin  
(ADDRESS) Kenilworth

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_ yrs. 1 mos. 9 ds. In the State 7 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Where was disease contracted if not at place of death? 217 1/2 Oak  
Former or usual residence 217 1/2 Oak

Filed AUG 27 1910  
191 ELW

PLACE OF BURIAL OR REMOVAL State Anatomical Insty  
DATE OF BURIAL Aug 26, 1910  
UNDERTAKER THE GARROLL-DAVIDSON UND. CO.  
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 to each and every person, irrespective of any occupations a single word or term on which will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Printer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the name of the business or industry, and therefore an example is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Automobile factory*. The material may form part of the second statement. Examples: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. *Domestic*, who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, as *At home*. Care should be taken to register 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 if not important. Example: *Measles (disease causing) Bronchopneumonia (secondary)*, etc. Symptoms or terminal conditions: "Anæmia" (merely symptom); "Convulsions," "Dropsy," "Exhaustion," "Hæmorrhage," "Inanition," "Metabolic," "Uraemia," "Weakness," etc. can be ascertained as the cause of diseases resulting from childbirth or "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.)

HUGH STEPHENS, JEFFERSON CITY.

