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 Mo. No. 3611 Wabash St.; 4 Ward)

Registration District No. 399 File No. 27538

Primary Registration District No. 1002 Registered No. 3166

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

FULL NAME Hannah Ann Scofield

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widowed

DATE OF BIRTH: Nov. 20th (Month) (Day), 1827 (Year)

AGE: 82 yrs. 10 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country): Rome N. Y.

PARENTS
NAME OF FATHER: Andrew Kirkland
BIRTHPLACE OF FATHER (City or town, State or foreign country): N. Y.
MAIDEN NAME OF MOTHER: Rebecca Lane
BIRTHPLACE OF MOTHER (City or town, State or foreign country): N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Bertha E. Davenport

(ADDRESS) 3611 Wabash Ave

Filed SEP 30 1910 191 Elwood Davis Dep REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Kansas City Mo, 1910 (Month) September 29 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 2, 1910, to Sept 29, 1910, that I last saw her alive on Sept 29, 1910, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

General Debility and Chronic interstitial nephritis

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162 (Duration) ~~2~~ yrs. 6 mos. ___ ds.

Contributory (Secondary) Old age (Duration) 2 yrs. ___ mos. ___ ds.

(Signed) James P. Anderson M. D.

Sept 30, 1910 (Address) Kansas City Mo 517 Century

*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 2 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: Millington, Ill

DATE OF BURIAL: Sept 30 1910

UNDERTAKER: F. W. Vancouver

ADDRESS: 2109 E 9th

Revised United States Standard Certific
of Death ate

[Approved by U. S. Census and American Public Heal
Association]

th

Statement of occupation.—Precise statemer
occupation is very important, so that the relative he of occ-
fulness of various pursuits can be known. The que ealth-
applies to each and every person, irrespective of ques-
For many occupations a single word or term on the ve of
line will be sufficient, e. g., *Farmer* or *Planter, Physi* rm on
Compositor, Architect, Locomotive engineer, Civil eng lanter,
Stationary fireman, etc. But in many cases especial ineer,
industrial employments, it is necessary to know (*a*) many
kind of work and also (*b*) the nature of the busines neces-
industry, and therefore an additional line is provide) the
the latter statement; it should be used only when nee re an
As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Sales* nt; it
(*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.*
material worked on may form part of the second st: (*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 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 *septichaemia*," "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.