

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.

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 (NO. General Hoop St. Ward 12)

Registration District No. 399 File No. 30601  
Primary Registration District No. 1002 Registered No. 3176

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

FULL NAME Dict Smith in, A.C. Sanders

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE Negro SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Not known

DATE OF BIRTH UNKNOWN  
(Month) (Day) (Year)

AGE About 35 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

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

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

PARENTS  
NAME OF FATHER UNKNOWN  
BIRTHPLACE OF FATHER (City or town, State or foreign country) UNKNOWN  
MAIDEN NAME OF MOTHER JENNINGS  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) UNKNOWN

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. E. Crockett  
(ADDRESS) Gene Hospital  
1910  
Evergreen

Filed \_\_\_\_\_ 191\_\_\_\_\_ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 9, 1910, to Sept 29, 1910, that I last saw him alive on Sept 29, 1910, and that death occurred, on the date stated above, at 9<sup>30</sup> a.m.

The CAUSE OF DEATH\* was as follows:  
231A  
Pulmonary Tuberculosis  
(Duration) yrs. 6 mos. ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds.  
(Signed) Geo R. Pipkin M. D.  
8/1/19, 1910 (Address) Gene Hospital

\*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. 1 mos. 7 ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence Not known

PLACE OF BURIAL OR REMOVAL State Anatomical Society DATE OF BURIAL Sept 29, 1910  
UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

REGISTRAR CARROLL-DAVIDSON UND. CO. R. C. M.

# Revised United States Standard Certificate of Death

American Public Health

precise statement of occupation at the relative health- known. The ques- erson, irrespective of iple word or term on ;, *Farmer or Planter, Locomotive engineer,* n, etc. But in many loyments, it is neces- ork and also (b) the ry, and therefore an e latter statement; it . As examples: (a) *lesman,* (b) *Grocery;*

(a) *Foreman,* (b) *Assistant* The material worked on may form 'statement. Never return "Laborer," "Manager," "Dealer," etc., without the certification, as *Day laborer, Farm laborer, Coal mine,* etc. Women at home, 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 pneumoëmia"); *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* (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.)