

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

County Jackson  
 Township Kaw  
 or  
 Village \_\_\_\_\_  
 or  
 City Kansas City Mo. (NO. 8 Gray's Court, St. 3 Ward)

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

Registration District No. 309 File No. 37980  
 Primary Registration District No. 1002 Registered No. 3800

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

PERSONAL AND STATISTICAL PARTICULARS

SEX \_\_\_\_\_ COLOR OR RACE Wm. white SINGLE MARRIED WIDOWED OR DIVORCED widow (Write the word)  
 DATE OF BIRTH March 15, 1845 (Month) (Day) (Year)  
 AGE 65 yrs. - 8 mos. - 14 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) \_\_\_\_\_

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

PARENTS  
 NAME OF FATHER Patrick Keassel  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland  
 MAIDEN NAME OF MOTHER Mary Aigen  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs. Mary Hickie

(ADDRESS) 8 Gray's Court  
 Filed DEC 1 1910 W. C. Cowie REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29, 1910 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 23, 1910, to Nov 29, 1910, that I last saw her alive on Nov 28, 1910, and that death occurred, on the date stated above, at 3 a.m.  
 The CAUSE OF DEATH\* was as follows:

Central Hemorrhage  
 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 Contributory old age and disorientation  
 (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) James E. Fessler M. D.  
201 Argyle St. 1910 (Address)

\*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 Mt. St. Mary's DATE OF BURIAL Dec 2nd 1910  
 UNDERTAKER J. C. Duffy ADDRESS 211 E. 15th St.

Dr. Fessler

# 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*,

*Composer*, *Architect*, *Locomotive engineer*, *neer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to give (a) the kind of work and also (b) the business or industry, and therefore an additional line is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material on this line may form part of the second statement. Examples: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *Child* or *At home*. Care should be taken to specify the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *House-*

If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, the 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* (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.)

