

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, Mo. (NO. 2320 W Prospect - St. 10 Ward)

Registration District No. 399  
File No. 6371  
Primary Registration District No. 1002  
Registered No. 511

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

FULL NAME Owens Campbell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Baby  
(Write the word)

DATE OF DEATH Feb 6, 1911  
(Month) (Day) (Year)

DATE OF BIRTH June 6, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 12, 1911, to Feb 6, 1911, that I last saw him alive on Feb 6, 1911,

AGE 5 yrs. 26 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

and that death occurred, on the date stated above, at 3:00 p.m.  
The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) 0

Consumption

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

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

NAME OF FATHER John Campbell

Contributory None  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

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

(Signed) Ward H. Leonard M. D.  
Feb 7, 1911 (Address) 609 S. W. Blvd

MAIDEN NAME OF MOTHER Mary O'Malley

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

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Informant) John Campbell  
(ADDRESS) 2320 W. Prospect Pl

Where was disease contracted \* If not at place of death?

Filed FEB 8 - 1911 W.D. Davis REGISTRAR

Former or usual residence.

PLACE OF BURIAL OR REMOVAL Wt. St. Mary's DATE OF BURIAL Feb 8, 1911

UNDERTAKER J. L. Duffey ADDRESS 211 E. 15<sup>th</sup> St.

# Revised Uni

# s Standard Certificate ath

[Approved by

and American Public Health  
[ation]

### Statement

Occupation is variable; fullness of variation applies to age. For many the first line will be *Physician, Compiler, Civil engineer, etc.* For others, especially young, it is necessary to know (a) the nature of the business and (b) the additional line is to be used only on *Spinner, (b) Cotton, (a) Foreman, (b) Worked on may Never return "Dealer," etc., with Day laborer, Farmer, Women at home, household only (no definite salary), may work, or At home, as At school or At home report specifically the occupation for domestic service for work, etc. If the occupation at beginning of business, that fact may be stated thus: *Farmer (retired, 6 yrs.)*. For whatever, write *D**

Precise statement of occupation so that the relative healthfulness can be known. The question is, irrespective of a single word or term on the certificate, e. g., *Farmer or Planter, Doctor, Locomotive engineer, Fireman*, etc. But in many occupations, it is necessary to know (a) the nature of the work and also (b) the industry, and therefore an additional line is provided. As examples: (a) *Salesman, (b) Grocery factory*. The material on the second statement is: *Foreman, "Manager," Precise specification, as Day laborer—Coal mine, etc. engaged in the duties of the keepers who receive a definite salary, as Housewife, Housewife not gainfully employed, should be taken to report persons engaged in domestic service, as *servant, Cook, Housemaid* changed or given up on account of the occupation at beginning of business. If retired from business, that fact may be stated thus: *Farmer (retired, 6 yrs.)*. For those who have no occupation*

Statement of cause of death.—Name, first, 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.)

