

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

PLACE OF DEATH

County Jackson

Township _____

Village _____

City Kansas City (NO. 3920 Bell)

Registration District No. 399

Primary Registration District No. 1002

File No. 6486

Registered No. 626

St. 5 Ward

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

FULL NAME Jessie E. Cadman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE White SINGLE/MARRIED/WIDOWED OR DIVORCED Married
widow
(Write the word)

DATE OF DEATH Feb 15 1911
(Month) (Day) (Year)

DATE OF BIRTH March 24 1866
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Jan 6 1911 to Feb 15 1911, that I last saw her alive on Feb 15 1911, and that death occurred, on the date stated above, at 1:35 pm.

AGE 44 yrs 11 mos 21 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Acute nephritis

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

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(Duration) ___ yrs. 1 mos. 10 ds.

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

Contributory (SECONDARY) Uremic Poisoning
(Duration) ___ yrs. 1 mos. 10 ds.

NAME OF FATHER Robert Shaw

Signed: James H. Ralston M. D.
Feb 14 1911 (Address) 1801-W-39

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

MAIDEN NAME OF MOTHER Sarah Manswright

*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) England

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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed. Cadman

(ADDRESS) 3920 Bell St

PLACE OF BURIAL OR REMOVAL St. Louis Mo DATE OF BURIAL Feb 16 1911

Filed FEB 16 1911 Edw. Davis REGISTRAR

UNDERTAKER Juwagner ADDRESS 1409 Grand

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.

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PARENTS

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*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (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*, *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.)



State of Pennsylvania)
County of Dauphin)

Personally appeared before me the undersigned Notary Public (or Aldermen or Justice of the Peace) LESTER E. CADMAN, who being duly sworn does depose and say that JESSIE E. CADMAN died in City (Borough or Township) of KANSAS CITY, Mo., County of JACKSON, on the 15th day of FEB 1911. And that the death certificate filed for said death contains certain errors which should be corrected, as follows:

| | Incorrect | Correct |
|------------------|---------------------------------|--------------------------|
| Name of Deceased | <u>Jessie E. Cadman</u> | <u>Same C.K.</u> |
| Age of Deceased | <u>44 yrs - 11 mo - 21 Days</u> | <u>Same C.K.</u> |
| Date of birth | <u>Mar 24 1866</u> | <u>Same C.K.</u> |
| Other errors | <u>Widow</u> | <u>Married</u> |
| | <u>↑</u> <u>wrong</u> | <u>↑</u> <u>right</u> |

NOTARY PUBLIC
Commission Expires January 4, 1953

Sworn and subscribed before me this 19th day of OCT 1950
C. J. Trappelli

Signature of Affiant
Lester E. Cadman
(See instructions on reverse side.)
Son of Jessie E. Cadman

INSTRUCTIONS TO CORRECT DEATH CERTIFICATES

To add to or correct information contained under the following item numbers, it is necessary to submit an affidavit properly completed by the person specified:

Items 1 to 15: By the Informant

Items 17 to 18: By the Funeral Director

Item 19: By the Local Registrar

Medical Certification

Items 20 to 23: By attending physician or Coroner
on special form provided upon request
by the Bureau of Vital Statistics.

The Bureau may request Documentary evidence to substantiate the requested correction if it is deemed necessary.