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: ..... Registration District No. 399 File No. 6501

or

Village: ..... Primary Registration District No. 1002 Registered No. 641

or

City: Kansas City (No. 307 Olive St.; 7 Ward)

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

FULL NAME Louis M Dick

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

DATE OF BIRTH: Oct (Month) 23 (Day), 1891 (Year)

AGE: 19 yrs. 3 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Order Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Montgomery Ward

BIRTHPLACE (City or town, State or foreign country): Kansas

PARENTS
NAME OF FATHER: Thos Dick
BIRTHPLACE OF FATHER (City or town, State or foreign country): Pa
MAIDEN NAME OF MOTHER: Flora J Post
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thos Dick

(ADDRESS) 307 Olive St

Filed FEB 17 1911, 191..... E W Davis Dep REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb (Month) 16 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 12, 1910, to Feb 16, 1911, that I last saw him alive on Feb 9, 1911, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis with Hemorrhage

734

(Duration) ..... yrs. 3 mos. ..... ds.

Contributory (SECONDARY) None

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J Hall M. D.

2-16, 1911 (Address) Centropolis Mo

*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: Unison

DATE OF BURIAL: Feb 20 1911

UNDERTAKER: D W Vancomer

ADDRESS: 2109 E 9th

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of oc-
n is very important, so that the relative health-
of various pursuits can be known. The ques-
plies to each and every person, irrespective of
for many occupations a single word or term on
t line will be sufficient, e. g., *Farmer* or *Planter*,
an, Compositor, Architect, Locomotive engineer,
ngineer, Stationary fireman, etc. But in many
especially in industrial employments, it is neces-
know (*a*) the kind of work and also (*b*) the
of the business or industry, and therefore an
nal line is provided for the latter statement; it
be used only when needed. As examples: (*a*)
r, (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;*
reman, (*b*) *Automobile factory.* The material
on may form part of the second statement.
return "Laborer," "Foreman," "Manager,"
," etc., without more precise specification, as
borer, Farm laborer, Laborer—Coal mine, etc.
at home, who are engaged in the duties of the
old only (not paid *Housekeepers* who receive a
salary), may be entered as *Housewife, House-*
or *At home,* and children, not gainfully employed,
school or *At home.* Care should be taken to re-
ecifically the occupations of persons engaged in
ic service for wages, as *Servant, Cook, House-*
tc. If the occupation has been changed or given
account of the DISEASE CAUSING DEATH, state oc-
n at beginning of illness. If retired from busi-
hat fact may be indicated thus: *Farmer* (*re-*
5 yrs.). For persons who have no occupation
er, write *None.*

ment of cause of death.—Name, first, the
: 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 surgi al 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.