

"Plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important."

PLACE OF DEATH

County Jackson

Township _____

or _____

Village _____

or _____

City Kansas City Mo.

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

Registration District No. 299

File No. 10501

Primary Registration District No. 1002

Registered No. 536

(No. St Joseph Hospital St. 1 Ward)

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

FULL NAME Frank Lucas Wilcox

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Widowed

DATE OF BIRTH

September 24th, 1845
(Month) (Day) (Year)

AGE

65 yrs. 5 mos. 15 ds.

IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Traveling salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

Clothing

BIRTHPLACE

(City or town, State or foreign country)

St Louis Mo

NAME OF FATHER

William Lucas Wilcox

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Connecticut

MAIDEN NAME OF MOTHER

Abigail W Simonds

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Boston Mass

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. E Wilcox

(ADDRESS) 1000 Bales, K.C. Mo

Filed MAR 12 1911 E. W. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March 11, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 18, 1910, to March 11, 1911, that I last saw him alive on March 11, 1911, and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(Duration) 2 yrs. ___ mos. ___ ds.

Contributory (SECONDARY)

Emphysema
(Duration) ___ yrs. 9 mos. 11 ds.

(Signed) H. C. Griffith M. D.
March 11th 1911 Address 1601 Century Bldg

*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

W.D. Washington

DATE OF BURIAL

Mar 13, 1911

UNDERTAKER

J. O. T. Co.

ADDRESS

Independence Mo

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 occupations a single word or term on sufficient, e. g., *Farmer* or *Planter*, *Architect*, *Locomotive engineer*, *navy fireman*, etc. But in many industrial employments, it is necessary to state (a) the kind of work and also (b) the industry, and therefore provided for the latter statement; it

when needed. As examples: (a) *mill*; (a) *Salesman*, (b) *Grocery*; *automobile factory*. The material in part of the second statement.

For more precise specification, as *laborer*, *Laborer—Coal mine*, etc. are engaged in the duties of the paid *Housekeepers* who receive a

be entered as *Housewife*, *House-children*, not gainfully employed, *Game*. Care should be taken to

occupations of persons engaged in wages, as *Servant*, *Cook*, *House-* if occupation has been changed or given

DISEASE CAUSING DEATH, state of illness. If retired from business indicated thus: *Farmer* (re-

persons who have no occupation

Cause of death.—Name, first, the (the primary affection with re-

stitution), using always the same name same disease. Examples: *Cere-* only definite synonym is "Epidemic itis"); *Diphtheria* (avoid use of *fever* (never report "Typhoid

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.)

REGISTRAR	KNOWLEDGE	PLA CE OF BURIAL OR REMOVAL	DATE OF BURIAL
	UNDERTAKER		
ADDRESS		191	

Where was disease contracted
Former place of residence
If not at place of death
Yrs. mos. ds.
State

pneumonia; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*