

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

PLACE OF DEATH

County Jackson
Township Kew
or
Village _____
or
City Kansas City (NO. General Hospital St. 12th Ward)

Registration District No. 399 File No. 17680
Primary Registration District No. 1000 Registered No. 1563

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

FULL NAME Mrs S. G. Ham

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

DATE OF DEATH April 28, 1911
(Month) (Day) (Year)

DATE OF BIRTH _____
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 20, 1911, to April 28, 1911, that I last saw her alive on April 28, 1911, and that death occurred, on the date stated above, at 6:30 p.m.

AGE 37 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

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

Pulmonary tuberculosis
93A
25
(Duration) _____ yrs. 8 mos. _____ ds.

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

Contributory Tuberculous peritonitis
(SECONDARY) (Duration) _____ yrs. 3 mos. _____ ds.

PARENTS NAME OF FATHER Chas ✓

(Signed) U. A. Davis M. D.
May 1, 1911 (Address) Gen. Hospital

BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known

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

MAIDEN NAME OF MOTHER Sarah Reeves

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. 1 mos. _____ ds. In the State _____ yrs. 6 mos. _____ ds.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

Where was disease contracted if not at place of death? Not known
Former or usual residence. 328th/13th St

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Borman

PLACE OF BURIAL OR REMOVAL Ritchey mo DATE OF BURIAL May 1, 1911

(ADDRESS) Ritchey mo

UNDERTAKER J. W. Wagner ADDRESS 1409 Grand

Filed May 1 1911 W. J. Wheeler REGISTRAR

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.

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.)



PLACE OF DEATH

County

Jackson

Township

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or

Village

or

City Kansas City

(NO.

General Hospital St. 12" (Ward)

FULL NAME

Mrs S. G. Ham.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

399

File No.

17680

Primary Registration District No.

1002

Registered No.

1563

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

F.

COLOR OR RACE

W.

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

married

DATE OF BIRTH

Unknown 1874
(Month) (Day) (Year)

AGE

37 yrs. — mos. — ds.

If LESS than
1 day, — hrs.
or — min.?

OCCUPATION

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

Waitress

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

Restaurant

BIRTHPLACE

(City or town, State or foreign country)

Missouri

NAME OF FATHER

Chas. Unknown

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

not known

MAIDEN NAME OF MOTHER

Sarah Reeves

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

not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas. Bowman

(ADDRESS)

Ritchey Mo.

Filed

May 14 1911

H. S. Wheeler

REGISTRAR

Original file, date

May 1 1911

All information called for must be written on this Supplementary Certificate.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

April 28 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

April 20, 1911, to April 28, 1911,

that I last saw her alive on " " 1911,

and that death occurred, on the date stated above, at 6:50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. 8 mos. ds.

Contributory Tuberculosis Peritonitis
(SECONDARY)

(Duration) yrs. 3 mos. ds.

(Signed)

V. A. Davis M. D.

May 1 1911 (Address) Gen. Hospital

*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. 1 mos. ds. In the State yrs. 6 mos. ds.

Where was disease contracted if not at place of death? not known

Former or usual residence

328 W. 13th St.

PLACE OF BURIAL OR REMOVAL

Ritchey Mo.

DATE OF BURIAL

May 1 1911

UNDERTAKER

J. W. Wagner

ADDRESS

1409 Grand.

Revised United States Standard Certificate of Death

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