

EXHIBIT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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

PLACE OF DEATH
 County Jackson
 Township Fair
 or Village D
 or City Kansas City (NO. St Marys Hospital Ward)
 Registration District No. 399 File No. 28225
 Primary Registration District No. 1002 Registered No. 2658
FULL NAME Rebecca E Carter

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>MARRIED</u> <small>(Write the word)</small>
DATE OF BIRTH <u>June 16, 1857</u> <small>(Month) (Day) (Year)</small>		
AGE <u>54 yrs. 1 mos. 19 ds.</u>		If LESS than 1 day, ___ hrs or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-11</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>		
PARENTS	NAME OF FATHER <u>Charles Bristow</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Denmark</u>	
	MAIDEN NAME OF MOTHER <u>Martha Holland</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 26, 1911, to Aug 4, 1911, that I last saw her alive on Aug 4, 1911, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH^r was as follows:
At. E.
Carinoma of Liver and Gall bladder.
40 (Duration) yrs. mos. many months.

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds. _____
 (Signed) Ford B. Rogers M. D. Aug 5, 1911 (Address) 402 Argyle Bldg.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Carter
 (ADDRESS) 1167, Clinton St, KC, Mo
 AUG 6 1911
D. S. Wheeler REGISTRAR

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. 2 ds. In the State yrs. mos. 2 ds.
 Where was disease contracted if not at place of death? Mo
 Former or usual residence 1164 Clinton St, KC, Mo

PLACE OF BURIAL OR REMOVAL Maple Hill DATE OF BURIAL Aug 6, 1911
 UNDERTAKER H W Gress ADDRESS Rosedale, 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 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 show (a) the kind of work and also (b) the business or industry, and therefore an example line is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (b) *Automobile factory*. The material may form part of the second statement. Examples: "Laborer," "Foreman," "Manager," "Carpenter," without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. For those who are engaged in the duties of the occupation (not paid *Housekeepers* who receive a 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*, *peritonaeum*, 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.)

