

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

PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

Village \_\_\_\_\_

City Kansas City, Mo.

Registration District No. 399

File No. 28354

Primary Registration District No. 1002

Registered No. 2790

(NO. Mary Sharp St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME

Margrett Murtha

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

DATE OF DEATH Aug 17, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Aug 13, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 13, 1911, to Aug 17, 1911, that I last saw her alive on Aug 17, 1911, and that death occurred, on the date stated above, at 10:30 a.m.

AGE 4 yrs. 4 mos. 4 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 none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Inanition  
158 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

BIRTHPLACE (City or town, State or foreign country) Kansas City, Mo.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER Gas J Murtha

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

MARDEN NAME OF MOTHER Mary O Meard

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

(Signed) Eugene Carbaugh M. D. (Address) 611 Sharp Bldg  
Aug 17, 1911

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Gas J Murtha  
(ADDRESS) 13419 Smart Ave

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 \_\_\_\_\_

Filed AUG 17 1911 W. S. Wheeler

PLACE OF BURIAL OR REMOVAL St Marys DATE OF BURIAL Aug 17th, 1911

UNDERTAKER John W Wagner ADDRESS 1409 Grand Ave

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 septichaemia," "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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

County

*Jackson*

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

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

Township

Registration District No.

*399*

File No.

Village

Primary Registration District No.

*1002*

Registered No.

*2798*

City *Thomas City* (No. *Mersey Hosp.* St. Ward)

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

FULL NAME

*Margaret Martha*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *F* COLOR OR RACE *W* SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)    
 DATE OF BIRTH *8-13-91* (Month) (Day) (Year)   
 AGE *4* yrs. mos. ds. or mths. IF LESS than 1 day, hrs. or mths.

DATE OF DEATH *8-17-1911* (Month) (Day) (Year)   
 I HEREBY CERTIFY, that I attended deceased from *8-17-1911*, 1911, to *8-17-1911*, 1911, that I last saw her alive on *8-17-1911*, 1911, and that death occurred, on the date stated above, at *3:30* p.m.   
 The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work *None*   
 (b) General nature of industry, business, or establishment in which employed (or employer)

*Inanition (Non Assimilation)*   
 (Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) *Missouri City, Mo.*

PARENTS NAME OF FATHER *Geo. J. Martha* BIRTHPLACE OF FATHER *New York* MAIDEN NAME OF MOTHER *Mary J. Mearns* BIRTHPLACE OF MOTHER *New York*

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) *Supern. Carbaugh* M.D. *8-17-1911* (Address) *611 Sharp Bldg.*   
 \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Geo. J. Martha* (ADDRESS) *2419 Martha*

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.

Filed *OCT 18 1911* *W.S. Wheeler* REGISTRAR

PLACE OF BURIAL OR REMOVAL *St. Mary* DATE OF BURIAL *8-17-1911*   
 UNDERTAKER *John H. Wagner* ADDRESS *Hog Land Ar*

Original file, date *Aug. 17, 1911* All information called for must be written on this Supplementary Certificate.

2012  
2012

# Revised United States Standard Certificate of Death

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

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