

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

PLACE OF DEATH

County Lachusan

Township _____

or

Village _____

or

City Kansas City, Mo.

Registration District No. 399

File No. 28412

Primary Registration District No. 1002

Registered No. 2848

NO. 5908 St. Habemes Ward _____

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

FULL NAME Karl and B. Nelson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Ma

White

S.

DATE OF DEATH

Aug 22, 1911
(Month) (Day) (Year)

DATE OF BIRTH

July 17, 1911
(Month) (Day) (Year)

AGE

1 yrs. 6 mos. 6 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

I HEREBY CERTIFY, that I attended deceased from July 17, 1911, to Aug 22, 1911, that I last saw him alive on Aug 22, 1911, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Mania

OCCUPATION

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

None

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

BIRTHPLACE

(City or town, State or foreign country)

Mo.

NAME OF FATHER

Carl Nelson

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Sweden

MAIDEN NAME OF MOTHER

Anna Guldbom

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Trans.

Contributory Information of Stomach
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) George C. Thompson M. D.
Aug 23, 1911 (Address) 6002 Cherry

* 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 RESIDENT 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 5908 Habemes

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carl Nelson

(ADDRESS) 5908 Habemes

PLACE OF BURIAL OR REMOVAL

Forest Hill

DATE OF BURIAL

Aug 23, 1911

UNDERTAKER

J. W. Lindsey

ADDRESS

424 1/2 St.

Filed

UG 23

W. S. 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*, *Composer*, *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

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.

or

Village

Primary Registration District No.

1002

Registered No.

2848

or

City

(No.)

1908

Holmes

St.

Ward

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

FULL NAME

Hereward R. Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX *M.* COLOR OR RACE *B.* SINGLE MARRIED WIDOWED OR DIVORCED (if wife for word)

DATE OF BIRTH *July 17 1911*
(Month) (Day) (Year)

AGE *1 yrs 1 mos 6 ds.*
If LESS than 1 day, hrs or mins

OCCUPATION
(a) Trade, profession, or particular kind of work*none*

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

BIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

*Archie Nelson*BIRTHPLACE OF FATHER
(City or town, State or foreign country)*Garden*

MAIDEN NAME OF MOTHER

*Mrs. Goldsmith*BIRTHPLACE OF MOTHER
(City or town, State or foreign country)*France*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Earlie Nelson

(ADDRESS)

*5908 Holmes*Filed **OCT 14 1911**

1911

W.S. Whule

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

8-22 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from *July 19 1911*, 1911, to *8-22 1911*, 1911,that I last saw him alive on *8-22 1911*, 1911, and that death occurred, on the date stated above, at *6:55 p.m.*

The CAUSE OF DEATH* was as follows:

Inanition

Contributory (Duration) yrs. mos. ds.

Contributory (SECONDARY)

Inflammation of stomach

(Signed)

*W.C. Thompson M.D.**8-22 1911*(Address) *6002 Cherry St*

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

Where was disease contracted if not at place of death?

Former or usual residence

5908 Holmes St

PLACE OF BURIAL OR REMOVAL

Street Hill

DATE OF BURIAL

8-23 1911

UNDERTAKER

R.E. Lindrey

ADDRESS

424 1st St

Original file, date

Aug 23 11

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

Revised United States Standard Certificate of Death

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

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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.)

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