

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.

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

PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

or \_\_\_\_\_

Village \_\_\_\_\_

or \_\_\_\_\_

City Kansas City

Registration District No. 399

File No. 31411

Primary Registration District No. 1002

Registered No. 2955

NO. 416 Laurel (Christian) St.

Ward \_\_\_\_\_

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

FULL NAME Clusia Brown

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 27, 1911  
(Month) (Day) (Year)

DATE OF BIRTH June 1, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8/11, 1911, to 8/25, 1911, that I last saw her alive on 8/25, 1911, and that death occurred, on the date stated above, at 5 A. m.

AGE 3 yrs. 3 mos. 0 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 Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) Produce

Acute Infectious Toxemia  
1911 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

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

PARENTS NAME OF FATHER Paul Brown

(Signed) W. S. Wheeler M. D.  
8/28, 1911 (Address) 1420 E. 13th

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

MAIDEN NAME OF MOTHER Pauline

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

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. S. Wheeler

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 \_\_\_\_\_

(ADDRESS) 416 Laurel St.

PLACE OF BURIAL OR REMOVAL Leeds Potter Home DATE OF BURIAL 9-2, 1911

Filed SEP 2 1911 W. S. Wheeler REGISTRAR

UNDERTAKER Marcia M. Grist ADDRESS 3015 Main

# 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*, *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.)



PLACE OF DEATH

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

County Jackson Registration District No. 299 File No. 2955
Township or Village or City Kansas City (NO. 416 Laurel Christian Home St. Ward)

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

FULL NAME Walter Brown

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Form with fields: SEX (M), COLOR OR RACE (W), SINGLE MARRIED WIDOWED OR DIVORCED (MARRIED), DATE OF BIRTH (June 1, 1911), AGE (3 yrs 3 mos 3 ds), OCCUPATION (Infant Foundling), BIRTHPLACE (Kansas), NAME OF FATHER (Walter Brown), BIRTHPLACE OF FATHER (Kansas), MAIDEN NAME OF MOTHER (Emma), BIRTHPLACE OF MOTHER (Kansas)

Form with fields: DATE OF DEATH (8-27, 1911), I HEREBY CERTIFY, that I attended deceased from 8-20, 1911, to 8-20, 1911, that I last saw her alive on 8-25, 1911, and that death occurred, on the date stated above, 8-27, 1911. THE CAUSE OF DEATH\* was as follows: Hypostatic congestion of lungs. Contributor: Unfavorable Conditions, poor nourishment. (Signed) Dr. Walker, M.D. 8-28, 1911 (Address) 470 E. 18th

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. S. Wheeler (ADDRESS) 416 Laurel Ave. Filed NOV 7 1911 H. S. Wheeler REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 1 yrs 11 mos 10 ds. In the State 1 yrs 11 mos 10 ds. Where was disease contracted if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL (Address) 3015 Main. DATE OF BURIAL 9-2-1911. UNDERTAKER (Address) 3015 Main

# Revised United States Standard Certificate of Death

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Association]

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