

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

PLACE OF DEATH

County Jackson

399

File No. 34598

Township _____

Registration District No. _____

or Village _____

Primary Registration District No. 1002

Registered No. 321A

or City Kansas City

(No. 71st & Holmes)

St. _____ Ward _____

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

FULL NAME Isabel Bernard

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Oct 2nd, 1911
(Month) (Day) (Year)

DATE OF BIRTH July 26, 1879
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 5, 1911, to Oct 2nd, 1911, that I last saw her alive on Oct 1st, 1911, and that death occurred, on the date stated above, at 6:30 p.m.

AGE 32 yrs. 2 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Septic Poison
36
7 13 1/2
(Duration) yrs. 1 mos. 26 ds.

OCCUPATION (a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) g. o.

BIRTHPLACE (City or town, State or foreign country) Ill.

PARENTS NAME OF FATHER Dred Jackson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Eng.
MAIDEN NAME OF MOTHER Eliza Knight
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

Contributory (SECONDARY) _____ (Duration) yrs. _____ mos. _____ ds.
(Signed) J.P. Jones M. D.
Oct 3rd, 1911 (Address) 513 Comm.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Maud Jackson
(ADDRESS) 71st Holmes

* 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 1 yrs. _____ mos. _____ ds. In the State 31 yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

Filed OCT 4 1911 J.S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Oct 4 1911
UNDERTAKER C. Stone & Son and T.L. Nichol ADDRESS 408 East 9th

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.)

HUGH STEPHENS, JEFFERSON CITY.



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

CERTIFICATE OF DEATH

County Jackson Registration District No. 299 File No. _____
 or _____
 Township _____ Primary Registration District No. 1002 Registered No. 3216
 or _____
 City Kansas City (NO. 71 at Holmes St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Math Burnard

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>M</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If not, the word)
DATE OF BIRTH <u>July 26, 1879</u> (Month) (Day) (Year)		
AGE <u>32</u> yrs. <u>9</u> mos. <u>7</u> ds.		If LESS than 1 day, hrs. or min. ?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Armed Forces</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Ill. Jackson</u>		
PARENTS	NAME OF FATHER <u>Mrs. Jackson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	MAIDEN NAME OF MOTHER <u>Mrs. Wright</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

DATE OF DEATH Oct 2, 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Oct 5, 1911, to Oct 2, 1911, that I last saw him alive on Oct 1, 1911, and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH was as follows:
Septic Poison

Contributory Staphylococci Infection
(SECONDARY)

(Duration) yrs. 1 mos. 26 ds.

(Signed) W. H. Jones M. D.
Oct 2, 1911 (Address) 172 Comm

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm. Jackson

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

Where was disease contracted If not at place of death?
Former or usual residence _____

(ADDRESS) 714 Holmes

Filed DEC 23 1911 1911 W.S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL St. Paul DATE OF BURIAL Oct 4, 1911

UNDERTAKER Wm. Jones ADDRESS 407 West 4th

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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