

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

PLACE OF DEATH

County Jackson

Township _____

Village _____

City Kansas City (NO 107 Archibald ave St. Ward)

Registration District No. P.C.O.

Primary Registration District No. 1002

File No. 34601

Registered No. 3219

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

FULL NAME Herbert T Highley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE - MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Sept 15, 1875
(Month) (Day) (Year)

AGE 36 yrs. 17 mos. 17 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Clearer (in)
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad office

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

PARENTS NAME OF FATHER Hyreans Highley BIRTHPLACE OF FATHER (City or town, State or foreign country) Vir
MAIDEN NAME OF MOTHER Mary M. Dixon BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. H. F. Highley (ADDRESS) 107 Archibald ave

OCT 4 1911 W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 2nd, 1911, to Oct. 3rd, 1911, that I last saw him alive on Oct. 3rd, 1911, and that death occurred, on the date stated above, at 1¹⁵ A.M.

The CAUSE OF DEATH* was as follows:
Edema of lungs complicating acute bronchitis
10 1/2 (Duration) 8 1/2 yrs. 5 mos. 5 ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Manning M. D. Oct. 3rd 1911 (Address) 510 Commerce Bldg

* 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 Loynes, Kansas.

PLACE OF BURIAL OR REMOVAL Loynes Kansas DATE OF BURIAL 10-6 1911
UNDERTAKER R. V. Linders ADDRESS 424 Westport

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*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an example is provided for the latter statement; it is impossible to list such occupations. As examples: (a) *Woolen mill*; (b) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *arm laborer*, *Laborer—Coal mine*, etc. 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.)

