

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 Mo. (NO. General Hospital St. _____ Ward _____)

Registration District No. 3904 File No. 41391
 Primary Registration District No. 1002 Registered No. 3847

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

FULL NAME Clifford R. Holdren

PERSONAL AND STATISTICAL PARTICULARS

SEX M. **COLOR OR RACE** W. **SINGLE MARRIED WIDOWED OR DIVORCED** Single
 (Write the word)
DATE OF BIRTH June 16, 1882
 (Month) (Day) (Year)
AGE 29 yrs. 5 mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ mln.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) 10070

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

PARENTS
NAME OF FATHER G. H. Holdren
BIRTHPLACE OF FATHER Ohio
 (City or town, State or foreign country)
MAIDEN NAME OF MOTHER Harriett Webber
BIRTHPLACE OF MOTHER Ohio
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) H. H. Holdren

(ADDRESS) Salina, Kans.

Filed DEC 5 1911 W. J. Wheeler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 - 11 - 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from as above, 1911, to _____, 1911, that I last saw h alive on, 1911, and that death occurred, on the date stated above, at 4:45 a.

The CAUSE OF DEATH* was as follows:
Oedema of brain, with skull fracture.
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Harr. C. Garlinsky M. D.
12/5/1911 (Address) Comp. Bldg. 55

*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 Newport Ohio

PLACE OF BURIAL OR REMOVAL Marietta Ohio **DATE OF BURIAL** 12-5 1911

UNDERTAKER Freeman Marshall **ADDRESS** 3146 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, 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.)



PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Jackson

Township _____

Registration District No. 399File No. 41391

Village _____

Primary Registration District No. 1002Registered No. 3847City Kansas City (NO. General Hospital St. _____ Ward _____)

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

FULL NAME Clifford R. Holdren

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>m.</u>	COLOR OR RACE <u>w.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>June 16</u> , 188 <u>2</u> (Month) (Day) (Year)		
AGE <u>29</u> yrs. <u>5</u> mos. <u>5</u> ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Dec. 2, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
As a coroner, 1911, to _____, 1911,that I last saw h alive on _____, 1911,
and that death occurred, on the date stated above, at 11:45 a.m.The CAUSE OF DEATH* was as follows:
Oedema of brain with skull fracture supposed to have been accidental
_____ yrs. _____ mos. _____ ds.Contributory _____
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Harry Garlinsky M. D.
12/5, 1911 (Address) Corn Bldg DC

*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 Newport OhioPLACE OF BURIAL OR REMOVAL
Marietta OhioDATE OF BURIAL
12-5, 1911UNDERTAKER
Freeman + MarshallADDRESS
3146 Main

PARENTS	NAME OF FATHER <u>G. H. Holdren</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>
	MAIDEN NAME OF MOTHER <u>Haddett Webber</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. T. Holdren(ADDRESS) Salina KansasFEB 9 1911
REGISTRAR W.S. WheelerOriginal file, date DEC 5 11, 1911

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.)