

N. B.—Every item of information should be carefully supplied. PAGE 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 Kaw or Village _____
City Kansas City (NO. General Hospital St. _____ Ward _____)
Registration District No. 309 File No. 41465
Primary Registration District No. 1002 Registered No. 3921
FULL NAME Henry Butts
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>negro</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
DATE OF BIRTH <u>May 6, 1850</u> (Month) (Day) (Year)		
AGE <u>61</u> yrs. <u>7</u> mos. <u>4</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Yardman 107A</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3011</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ky</u>		
PARENTS	NAME OF FATHER <u>Levio Butts</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky 8</u>	
	MAIDEN NAME OF MOTHER <u>Rachael Unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ky</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 5, 1911, to Dec 9, 1911, that I last saw him alive on Dec 9, 1911, and that death occurred, on the date stated above, at 10⁵⁰ p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia with complication of Pericarditis

Contributory: Pericarditis
(Duration) _____ yrs. _____ mos. 15 ds.
(SECONDARY) (Duration) _____ yrs. _____ mos. 5 ds.

(Signed) D. Roy Busch M. D.
Dec 9th, 1911 (Address) Old City Hospital

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. P. Dipkin
(ADDRESS) Genessee St
Filed DEC 12 1911 W. S. Whaley
REGISTRAR

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

PLACE OF BURIAL OR REMOVAL Missouri City, Mo. DATE OF BURIAL Dec 14, 1911
UNDERTAKER Watkins Bros. ADDRESS 1729 Lydia

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 in 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.)



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

CERTIFICATE OF DEATH

County Jackson
Township _____
or _____
Village _____
or _____
City Kansas City (NO. General Hospital St. _____ Ward _____)

Registration District No. 399 File No. 41465
Primary Registration District No. 1002 Registered No. 3921

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

FULL NAME Henry Butts

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE negro SINGLE widowed
MARRIED widowed
WIDOWED widowed
OR DIVORCED
(If write the word)
DATE OF BIRTH May 6 1850
(Month) (Day) (Year)
AGE 61 yrs. 7 mos. 4 ds. IF LESS than
1 day, hrs. _____
or min. _____

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

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

PARENTS
NAME OF FATHER Lewis Butts
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER Rachel unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. P. Pipkin +
(ADDRESS) General Hospital

Filed FEB 7 1912 W.S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Dec. 5 1911, to Dec. 9 1911,
that I last saw him alive on Dec. 9 1911,
and that death occurred, on the date stated above, at 10:50 P. m.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia with complication of Pericarditis

(Duration) yrs. _____ mos. 10 ds.
Contributory Pericarditis
(SECONDARY) (Duration) yrs. _____ mos. 5 ds.
(Signed) P. Roy Busch M. D.
12/9 1911 (Address) Old City Hospital

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LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. _____ mos. 4 ds. In the _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? Indep. of Tracy
Former or usual residence Indep. of Tracy

PLACE OF BURIAL OR REMOVAL Missouri City Mo. DATE OF BURIAL Dec. 17 1911
UNDERTAKER Watkins Bros. ADDRESS 1729 Lydia

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.)