

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH

County

Jackson

Township

or

Village

or

City

Kansas City (No. *2626* *Missington* St.)

FULL NAME

*Mary A. J. Owens*MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1116

Registration District No.

899

File No.

2116

Primary Registration District No.

1002

Registered No.

8

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

COLOR OR RACE

White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Widowed

DATE OF BIRTH

Dec 11, 1829
(Month) (Day) (Year)

AGE

82 yrs. 0 mos. 20 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

0-0

BIRTHPLACE

(City or town, State or foreign country)

Penn

PARENTS

NAME OF FATHER

John Moore

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

Ireland

MAIDEN NAME OF MOTHER

Mary Dowling

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

Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

M. A. Owens

(ADDRESS)

3306 Belmont Ave

Filed

*JAN 1 1912**W. S. Wheeler*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Dec 31, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from *Nov 4, 1911, to Dec 31, 1911,*that I last saw her alive on *Dec 30, 1911,*and that death occurred, on the date stated above, at *1230th*

The CAUSE OF DEATH* was as follows:

Abscess of Liver
176
125B
167 (Duration) *1/2* yrs. *1/2* mos. *1/2* ds.

Contributory (SECONDARY)

Old age
(Duration) yrs. mos. ds.

(Signed)

J. M. Coarier

M. D.

Dec 31, 1911 (Address) *2407 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

PLACE OF BURIAL OR REMOVAL

St. Marys

DATE OF BURIAL

Jan 3, 1912

UNDERTAKER

W. W. Heimerl

ADDRESS

2109 E 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*, *Composer*, *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.)



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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

PLACE OF DEATH
County Jackson
Township _____ or Village _____ or City Kansas City (NO. 2626 Merriington St.: _____ Ward _____)
Registration District No. 399 File No. 1116
Primary Registration District No. 1002 Registered No. 3
FULL NAME Mary A. J. Owens. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
DATE OF BIRTH Dec. 11, 1829
(Month) (Day) (Year)
AGE 82 yrs. 0 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.

DATE OF DEATH Dec. 31, 1911
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Nov 4, 1911, to Dec. 31, 1911, that I last saw her alive on 4 30, 1911, and that death occurred, on the date stated above, at 12:30 P. m.

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:
Abscess of Liver near the gall bladder. Cause unknown. Was taken at first with hepatic colic.
(Duration) ___ yrs. 2 mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Penn.
PARENTS
NAME OF FATHER John Moore
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
MAIDEN NAME OF MOTHER Mary Dowling
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

Contributory Old age
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. W. Carter 2407 Jackson M. D.
Dec. 31, 1911 (Address) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Owens.
(ADDRESS) 3306 Bellefontaine

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 _____

FILED MAR 8 1912
REGISTRAR W. S. Wheeler

PLACE OF BURIAL OR REMOVAL Mc. St Marys
DATE OF BURIAL Jan. 3, 1912
UNDERTAKER D. W. Newcomer ADDRESS 2109 E. 9th St.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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