

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 1134

PLACE OF DEATH

County Jackson
Township Kanawha
or
Village _____
or
City Kansas City (NO. 3303 Garnes St. _____ Ward _____)

Registration District No. 229 File No. 2124
Primary Registration District No. 1002 Registered No. 21

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

FULL NAME Elizabeth Etta Powell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH November 2, 1874
(Month) (Day) (Year)

AGE 37 yrs. 1 mos. 28 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Philpotage, Penn.

PARENTS
NAME OF FATHER Dr. J. F. Nuttall
BIRTHPLACE OF FATHER (City or town, State or foreign country) Green County, Penn.
MAIDEN NAME OF MOTHER Samuel Berryhill
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hannestown, Penn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Grace M. Kennedy
(ADDRESS) 1408 Garfield Ave

Filed Jan 8 1912 M. W. Wheeler REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 26, 1911, to Dec 30, 1911, that I last saw her alive on Dec 29, 1911, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:
Septicemia
11/4/11 (Duration) ___ yrs. ___ mos. ___ ds.

Contributory Tuberculosis
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Chittom Jones M. D.
11/12/11 (Address) Riverside

*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 Shirwood DATE OF BURIAL Jan. 2, 1912
UNDERTAKER Edward J. Smith ADDRESS 2120 E. 10th

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.

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, peritonacum*, 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.)



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.

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CERTIFICATE OF DEATH

PLACE OF DEATH

County Jackson

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

Township _____ or _____ Village _____ or _____ City Kansas City (NO. 3303 Garner)

Registration District No. 399 File No. 1134

Primary Registration District No. 10021 Registered No. 21

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

FULL NAME Elizabeth Etta Powell.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF DEATH Dec. 30, 1911
(Month) (Day) (Year)

DATE OF BIRTH November 21, 1874
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 26, 1911, to Dec. 30, 1911, that I last saw her alive on " 29, 1911, and that death occurred, on the date stated above, at 4:10 P.M.

AGE 37 yrs. 1 mos. 28 ds. if LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

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

Septicaemia of Lungs

BIRTHPLACE (City or town, State or foreign country) White Cottage Penn

(Duration) _____ yrs. _____ mos. _____ ds.

PARENTS NAME OF FATHER Dr. J. F. Du Fall.

Contributory Tuberculosis Pulmonary
(SECONDARY)

BIRTHPLACE OF FATHER (City or town, State or foreign country) Wm Co. Pa.

(Duration) _____ yrs. _____ mos. _____ ds.

MAIDEN NAME OF MOTHER Sarah Berry Hill

(Signed) Chett McDonald M. D.
Jan 1, 1912 (Address) Rialto Bldg

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

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):

(Informant) Grace M. Kennedy
(ADDRESS) 1408 Garfield Ave

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Filed _____ 1912 W. S. Wheeler
REGISTRAR

Where was disease contracted If not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL Jan 2, 1912

UNDERTAKER Edward J. Smith ADDRESS 2120 E. 15"

Original file date JAN 2, 1912 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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