

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.

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

PLACE OF DEATH
County Jackson
Township _____
or _____
Village _____
or _____
City Independence (NO. Park Ave St.: _____ Ward)

Registration District No. 398 File No. 5129
Primary Registration District No. 3019 Registered No. 40

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

FULL NAME Theodore Kinsey

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>m.</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)	
DATE OF BIRTH <u>Feb 6 1836</u> (Month) (Day) (Year)			
AGE <u>76</u> yrs. <u>0</u> mos. <u>17</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Q-O</u>			
BIRTHPLACE (City or town, State or foreign country) <u>West Chester Penn.</u>			
PARENTS	NAME OF FATHER <u>Don't know</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) " " "		
	MAIDEN NAME OF MOTHER " " "		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) " " "		

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Feb 23 1912</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>June</u> , 1911, to <u>Feb 23</u> , 1912, that I last saw him alive on <u>Feb 19</u> , 1912, and that death occurred, on the date stated above, at <u>5:45</u> m.	
The CAUSE OF DEATH* was as follows: <u>82-A Apoplexy</u> <u>82-D</u> <u>97 several yrs.</u>	
Contributory <u>Menstrua</u> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.	
(Signed) <u>J. C. Hite</u> M. D. <u>Feb 24 1912</u> (Address) <u>Indep. Mo</u>	

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John R. Haldeman
(ADDRESS) Independence Mo
Filed Feb. 29 1912 L. E. Krimmer REGISTRAR

PLACE OF BURIAL OR REMOVAL Davanna Mo. DATE OF BURIAL 2/25 1912
UNDERTAKER Geo. Boney & Son ADDRESS Indep. Mo

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, peritonaeum*, 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.)



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

PLACE OF DEATH
 County Jackson
 Township _____
 or
 Village _____
 or
 City Independence Park Ave St. _____ Ward _____

Registration District No. 398 File No. _____
 Primary Registration District No. 3019 Registered No. 40

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

FULL NAME Theodore Kinsey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE MARRIED Married
(Writes the word)

DATE OF DEATH Feb 23, 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb 6, 1836
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Home, 1911, to Feb 23, 1912, that I last saw him alive on Feb 19, 1912, and that death occurred, on the date stated above, at 145 P

AGE 76 yrs. 0 mos. 17 ds.
If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:
Uremia chronic

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

BIRTHPLACE (City or town, State or foreign country) Nest Chester Penn

(Duration) 8 yrs. 8 mos. 8 ds.
 Contributory Arteriosclerosis & Paralysis
(SECONDARY) (Duration) 3 or 4 yrs. 0 mos. 0 ds.

PARENTS
 NAME OF FATHER Don't know
 BIRTHPLACE OF FATHER (City or town, State or foreign country) "" ""
 MAIDEN NAME OF MOTHER "" ""
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) "" ""

(Signed) J. H. Heckman M. D.
May 8, 1912 (Address) Independence
 *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
 (Informant) John R. Haldeman
 (ADDRESS) Independence Mo

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
 Where was disease contracted If not at place of death?
 Former or usual residence _____

Filed May 8, 1912, E. Krimminger REGISTRAR

PLACE OF BURIAL OR REMOVAL Kavanaugh Mo DATE OF BURIAL 2-25, 1912
 UNDERTAKER Geo Bauer ADDRESS Indep. Mo

SUPPLEMENTARY

MARGIN RESERVED FOR BINDING

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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.)

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