

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<u>Jackson</u>		Registration District No.	<u>399</u>	File No. <u>5399</u>
Township	<u>Iron</u>		Primary Registration District No.	<u>1002</u>	Registered No. <u>614</u>
Village					
City	<u>Stainsville city</u> (NO. <u>2404 Park ave</u>)		St.		Ward)
FULL NAME <u>Jesse J. Kerr</u>			[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 <u>male</u>	COLOR OR RACE <u>white</u>	MARITAL STATUS <u>married</u> (Write the word)	DATE OF DEATH <u>Febr 21</u> , 19 <u>22</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>March 26</u> , 18 <u>88</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 18th</u> , 191 <u>2</u> , to <u>Feb 20</u> , 191 <u>2</u> , that I last saw him alive on <u>the 20th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>5³⁰</u> am.		
AGE <u>83</u> yrs. <u>10</u> mos. <u>25</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Hypertatic pneumonia</u> <u>328</u> <u>378</u> <u>1118</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-52</u>			Contributory <u>Central Hemorrhage</u> (Duration) ___ yrs. ___ mos. ___ ds. (Signed) <u>Callie S. Walker</u> M. D. <u>Feb. 22, 1912</u> (Address) <u>14 14 Govt</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Maysville Mason Co Ky.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
PARENTS	NAME OF FATHER <u>Samuel Kerr</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Westmoreland Co Penn</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		
	MAIDEN NAME OF MOTHER <u>Susan Wood</u>		Where was disease contracted If not at place of death?		
	BIRTHPLACE OF MOTHER <u>Maysville Mason Co Ky.</u>		Former or usual residence		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. J. Kerr</u>			PLACE OF BURIAL OR REMOVAL <u>Lexington Ky.</u>	
(ADDRESS) <u>2626 Park ave.</u>			DATE OF BURIAL <u>2-23</u> 191 <u>2</u>		
Filed <u>22</u> <u>1922</u> <u>W.S. Wheel</u> REGISTRAR			UNDERTAKER <u>Eclair Bros 1401 Main</u>		

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.)

PLACE OF DEATH

County Jackson
Township _____
or
Village _____
or
City Kansas City (NO. 2404 Park Ave. St.; _____ Ward)

Registration District No. 399 File No. 5399

Primary Registration District No. 1002 Registered No. 614

FULL NAME Jesse J. Kerr

[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 male COLOR OR RACE white SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Feb. 21, 1912
(Month) (Day) (Year)

DATE OF BIRTH March 26, 1828
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 18, 1912, to Feb. 20, 1912
that I last saw him alive on Feb. 20, 1912,
and that death occurred, on the date stated above, at 50, m.

AGE 83 yrs. 10 mos. 25 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 Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Hypostatic pneumonia
Cerebral hemorrhage
caused by arteriosclerosis
(Duration) yrs. mos. ds.

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

Contributory Cerebral hemorrhage
(SECONDARY) (Duration) yrs. mos. ds.

NAME OF FATHER Samuel Kerr

(Signed) Callie S. Walker M. D.
Feb. 22 1912 (Address) 1414 Troost

BIRTHPLACE OF FATHER West Moreland Co. Penn.

MAIDEN NAME OF MOTHER Grisan Wood

BIRTHPLACE OF MOTHER Mayville Mason Co. Ky.

*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) W. T. Kerr
(ADDRESS) 2626 Park Ave.

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 _____

APR 12 1912
Filed _____ REGISTRAR W.S. Wheeler

PLACE OF BURIAL OR REMOVAL Lexington Ky. DATE OF BURIAL 2-23, 1912

UNDERTAKERS Eylar Bros. ADDRESS 1401 Main

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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.)