

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH  
County Jackson  
Township Rau or Village Kansas City (NO. 111 Belvidere St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 8991 File No. 9500  
Primary Registration District No. 1002 Registered No. 998  
FULL NAME Frank Holliday (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>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>July</u> <u>17th</u> <u>1877</u> (Month) (Day) (Year)		
AGE <u>35</u> yrs. _____ mos. _____ ds.		IF LESS THAN 1 day, _____ hrs. _____ or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Common labor</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Kansas</u> <u>3-07</u>		
PARENTS	NAME OF FATHER <u>James Holliday</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Sarah Ross</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mary Hoiving</u> (ADDRESS) <u>1111 Belvidere</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12 Feb., 1912, to March 16, 1912, that I last saw him alive on Feb 24, 1912, and that death occurred, on the date stated above, at 9:12 P.M.

The CAUSE OF DEATH\* was as follows:  
Edema of Lung 118  
Pa Gripp 1116  
10 (Duration) yrs. 1 mos. \_\_\_\_\_ ds.  
Contributory (SECONDARY) Pa Gripp (Duration) yrs. \_\_\_\_\_ mos. 14 ds.  
(Signed) J. H. Evans M. D.  
Mar 19, 1912 (Address) 100 Chelsea

\*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 Woodlawn Cem. DATE OF BURIAL March 20, 1912  
UNDERTAKER C. T. Moon ADDRESS 1820 E. 18th St.

FILED MAR 20 1912 W. S. Wheeler REGISTRAR

# Revised United States Standard Certificate of Death

U. S. Census and American Public Health Association]

Occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Planter*, *Editor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary the kind of work and also (b) the business or industry, and therefore an provided for the latter statement; it only when needed. As examples: (a) *Iron mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *Arm laborer*, *Laborer—Coal mine*, etc. he, who are engaged in the duties of the (not paid *Housekeepers* who receive a may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, *At home*. Care should be taken to re- the occupations of persons engaged in for wages, as *Servant*, *Cook*, *House-* the occupation has been changed or given of the DISEASE CAUSING DEATH, state oc- beginning of illness. If retired from busi- it may be indicated thus: *Farmer* (re- *years*). 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.)

