

WHITE 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 \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Leeds Summit Mo. (NO. \_\_\_\_\_)

Registration District No. 400  
Primary Registration District No. 4235

File No. 9669  
Registered No. 21

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

FULL NAME B. C. Coy

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
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DATE OF BIRTH  
April 7, 1828  
(Month) (Day) (Year)

AGE  
83 yrs. 11 mos. 21 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE  
(City or town, State or foreign country)  
Ohio

PARENTS	NAME OF FATHER <u>Christopher Crowl</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>
	MAIDEN NAME OF MOTHER <u>Elizabeth Trout Knowlton</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio Verg</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  
(Informant) W. B. Callaway  
(ADDRESS) Leeds Summit Mo.

Filed Mar 29, 1912 A. G. Swaney  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
March 28, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 7, 1912, to Mar. 28, 1912, that I last saw him alive on March 18, 1912, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH\* was as follows:  
Fractured Hip  
186A  
194B

(Duration) 7 yrs. 15 ds.

Contributory (Secondary) Arteriosclerosis  
(Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. W. Kayser M. D.  
Mar. 29, 1912 (Address) Leeds Summit

\*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 <u>Leeds Summit Mo.</u>	DATE OF BURIAL <u>Mar 29, 1912</u>
UNDERTAKER <u>Durick &amp; Miller</u>	ADDRESS <u>Leeds Summit Mo.</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*, *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*, *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.)



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

PLACE OF DEATH

County

Jackson

Township

Registration District No.

400

File No.

or Village

Primary Registration District No.

4235

Registered No.

21

or City

Lees Summit

B.C. Coy

FULL NAME

(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

COLOR OR RACE

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

m

w

wd

DATE OF DEATH

Mar 28, 1912 (Month) (Day) (Year)

DATE OF BIRTH

Apr 7, 1828 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 7, 1911, to Mar 28, 1912, that I last saw him alive on Mar 17, 1912, and that death occurred, on the date stated above, at 4 P. M.

AGE

83 yrs 11 mos 21 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

Fractured Hip & accidentally fell in his room when he had an attack of Vertigo

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

BIRTHPLACE

(City or town, State or foreign country)

Ohio

(Duration) yrs 7 mos 15 ds.

NAME OF FATHER

Christopher Crowl

Contributory (SECONDARY)

Senility (Duration) yrs mos ds.

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

Ohio

(Signed) J. J. Rayson, M. D. 5-19-12 (Address) Lees Summit Mo

MAIDEN NAME OF MOTHER

Elizabeth (m)

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

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

Vir.

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. A. Colbank

Where was disease contracted If not at place of death?

Former or usual residence.

(ADDRESS)

Lees Summit Mo

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Lees Summit Mo

Mar 29, 1912

Filled

May 9, 1912 W. A. Colbank REGISTRAR

UNDERTAKER

ADDRESS

Surick & Miller Lees Summit Mo

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