

ALY, 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 Clay

Township _____

or Village _____

or City Excelsior Springs (NO. Excelsior Springs Sunshine Ward)

Registration District No. 198

File No. 16549

Primary Registration District No. 3011

Registered No. 59

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

FULL NAME Amelia Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH Dec 10, 1869
(Month) (Day) (Year)

AGE 42 yrs. 6 mos. 25 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Mo 9-33

PARENTS NAME OF FATHER James L. Evans
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
MAIDEN NAME OF MOTHER Campbell
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Evans
(ADDRESS) Linden Mo.

Filed May 5, 1912, J. T. Bogart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 4, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 26th, 1912, to May 4th, 1912, that I last saw her alive on May 4th, 1912, and that death occurred, on the date stated above, at 3 P.m.

The CAUSE OF DEATH* was as follows:
1. Typhoid Fever
950

2 wks (Duration) 0 yrs. 0 mos. 0 ds.

Contributory Heart Disease of Heart
(SECONDARY) (Duration) 7 yrs. 7 mos. 0 ds.

(Signed) E. H. Beckwith M. D.
May 4, 1912 (Address) Excelsior Springs

*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 8 yrs. 0 mos. 0 ds. In the State 42 yrs. 6 mos. 25 ds.

Where was disease contracted if not at place of death?

Former or usual residence Linden Mo.

PLACE OF BURIAL OR REMOVAL Kansas City Mo. DATE OF BURIAL May 7, 1912

UNDERTAKER E. E. Embrie ADDRESS Excelsior Springs 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*, *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.)



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

PLACE OF DEATH

County Clay

Township _____

Registration District No. 198

File No. 16549

or

Village _____

Primary Registration District No. 3011

Registered No. 53

or

City Excelsior Spgs. (NO. Excelsior Spgs Sanitarium Ward)

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

FULL NAME Amelia Evans

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F

COLOR OR RACE W.

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S

DATE OF DEATH

May 4, 1912
(Month) (Day) (Year)

DATE OF BIRTH

Dec. 10, 1869
(Month) (Day) (Year)

AGE

42 yrs. 6 mos. 25 ds. IF LESS than 1 day, hrs. or min.

I HEREBY CERTIFY, that I attended deceased from April 26, 1912, to May 4, 1912, that I last saw her alive on May 4, 1912, and that death occurred, on the date stated above, at 3:00 m.

The CAUSE OF DEATH* was as follows:

Typhoid fever.

OCCUPATION

(a) Trade, profession, or particular kind of work house keeping

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

BIRTHPLACE

(City or town, State or foreign country) Mo.

(Duration) yrs. mos. 2nd day

Contributory acute dilatation of heart (SECONDARY)

(Duration) yrs. mos. ds.

NAME OF FATHER James Evans

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

MAIDEN NAME OF MOTHER (Dora) Campbell

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

(Signed) E. C. Robichaux M. D.

May 4, 1912 (Address) Excelsior Spgs Mo.

*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 8 yrs. 8 mos. 8 ds. In the 42 yrs. 6 mos. 21 ds.

Where was disease contracted if not at place of death?

Former or usual residence Linden Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. M. Lee Evans

(ADDRESS) Linden Mo.

PLACE OF BURIAL OR REMOVAL

Kansas City Mo. DATE OF BURIAL May 7, 1912

UNDERTAKER

E. E. Eulore Excelsior Spgs Mo.

ADDRESS

FILED May 5, 1912 T. H. Bogart REGISTRAR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, should be printed in large, bold, black letters, and in plain terms, so that a layman can understand. OCCUPATION is very important. G.F.L.Y. PHYSICIAN should state exact address of OCCUPATION is very important.

Supplemental

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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 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.)