

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	<i>Jackson</i>		Registration District No.	<i>3301</i>	
Township	<i>P. Kaw</i>		File No.	<i>17005</i>	
Village			Primary Registration District No.	<i>11022</i>	
City	<i>Kansas City Mo</i> (NO. <i>1231 Washington</i> St.)		Registered No.	<i>1618</i>	
FULL NAME			<i>Mrs. Jane Kirkland</i>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Female</i>	<i>White</i>	<i>Widow</i>	<i>April - 30 - 1912</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>Dec - 21 - 1835</i> (Month) (Day) (Year)			191 to 191		
AGE			that I last saw h <i>W. Coroner</i> alive on 191		
<i>76 yrs. 4 mos. 9 ds.</i>			and that death occurred, on the date stated above, at <i>4 P.</i> m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>House Wife</i>			<i>Cereb. condition</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>None</i>			<i>72B</i>		
BIRTHPLACE			(Duration) yrs. mos. ds.		
(City or town, State or foreign country) <i>Ohio 9-0</i>			Contributory		
PARENTS			(SECONDARY)		
NAME OF FATHER <i>Jacob Smith</i>			(Duration) yrs. mos. ds.		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Ohio</i>			(Signed) <i>Harry Ozark</i> M. D.		
MAIDEN NAME OF MOTHER <i>Don't know</i>			<i>5/11/1912</i> (Address) <i>Corner City St</i>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Don't know</i>			*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) <i>Mr Lon Kirkland</i>			At place yrs. mos. ds. In the State yrs. mos. ds.		
(ADDRESS) <i>1231 Washington</i>			Where was disease contracted If not at place of death?		
MAY 1 1912 <i>W.S. Wheely</i> REGISTRAR			Former or usual residence		
FILED			PLACE OF BURIAL OR REMOVAL		
			<i>Jamesport Mo</i>		
			DATE OF BURIAL		
			<i>May 3rd 1912</i>		
			UNDERTAKER		
			<i>A.P. Doehler & Co</i>		
			ADDRESS		
			<i>1403 East</i>		

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 occupations a single word or term on which is sufficient, e. g., *Farmer or Planter, Doctor, Architect, Locomotive engineer, Stationary fireman*, etc. But in many industrial employments, it is necessary to state the kind of work and also (b) the industry or industry, and therefore an additional statement is provided for the latter statement; it is to be used only when needed. As examples: (a) *Mill; (b) Salesman, (c) Grocery; (d) Automobile factory*. The material form part of the second statement. For *Laborer, Foreman, Manager, Miner, Machinist, without more precise specification, as Miner, Laborer—Coal mine*, etc. For those who are engaged in the duties of the household, but not paid *Housekeepers* who receive a salary, they may be entered as *Housewife, Housemaid, and children*, not gainfully employed, and their occupation at home. Care should be taken to report the occupations of persons engaged in the household, or wages, as *Servant, Cook, Housemaid*, etc. If occupation has been changed or given during the DISEASE CAUSING DEATH, state occupation during illness. If retired from business, it 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, meningis, 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.)

