

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 1727i		
County	Jackson Co.		Registration District No.	899	
Township	Kaw		File No.	J-2863	
or Village			Primary Registration District No.	1002	
or City	Kansas City (NO. 2628 Kensington Ave.)		Registered No.	1884	
FULL NAME			Infant Kirkpatrick		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
Female	White	Single	May 25th, 1912 (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
May 25			May 25, 1912, to May 25, 1912,		
(Month) (Day) (Year)			that I last saw her alive on May 25, 1912,		
AGE	IF LESS than 1 day, 6 hrs. or min.?		and that death occurred, on the date stated above, at 11 a. m.		
— yrs. — mos. — ds.			The CAUSE OF DEATH* was as follows:		
OCCUPATION	(a) Trade, profession, or particular kind of work		Premature Birth		
	None		159		
(b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) — yrs. — mos. — ds.		
			Contributory		
BIRTHPLACE (City or town, State or foreign country)	Kansas City Mo		(Duration) — yrs. — mos. — ds.		
PARENTS	NAME OF FATHER	H. H. Kirkpatrick	(Signed) Rufus J. Hamilton M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	Iowa	15/25/1912 (Address) 2342 Beacon		
	MAIDEN NAME OF MOTHER	Emma Louise Ritt	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Name of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	S. D.	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.		
(Informant)	Kenny Kirkpatrick		Where was disease contracted if not at place of death?		
(ADDRESS)	2628 Kensington		Former or usual residence		
FILED	MAY 26 1912		PLACE OF BURIAL OR REMOVAL		
	N. S. Whaley		Forest Hill		
	REGISTRAR		DATE OF BURIAL		
			7/26 1912		
			UNDERTAKER		
			W. W. White & Co.		
			ADDRESS		
			3015 - main St.		

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, peritonaeum*, etc., *Carcinoma*, *Sar-*

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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," "Uractmia," "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.)