

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.

PLACE OF DEATH

County Jackson  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Kansas City. (NO University Hopt. St. \_\_\_\_\_ Ward \_\_\_\_\_)

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22980 ~~22080~~

File No. \_\_\_\_\_

Registration District No. 8090

Primary Registration District No. 1002

Registered No. 2249

FULL NAME Earle Melville Reynolds

[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 <u>Single</u> (Write the word)
DATE OF BIRTH <u>November 13, 1888</u> (Month) (Day) (Year)		
AGE <u>34 yrs. 8 mos. 7 ds.</u>		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Kansas</u>		
PARENTS	NAME OF FATHER <u>G. M. Reynolds.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Vir.</u>	
	MAIDEN NAME OF MOTHER <u>Julia Maxwell.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 5, 1912 to July 5, 1912, that I last saw him alive on July 5, 1912, and that death occurred, on the date stated above, at 3 1/2 m.

The CAUSE OF DEATH\* was as follows:  
Shock from Surgical Operations Involving Cranium 18 1/2  
 (Duration) 45 yrs. 10 mos. 10 ds.

Contributory Old depressed fracture Epilepsy  
 (Duration) 10 yrs. 10 mos. 10 ds.

(Signed) McDavis M. D.  
July 5, 1912 (Address) 222 Allison Bldg

\*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. 1 ds. In the State \_\_\_ yrs. \_\_\_ mos. 1 ds.

Where was disease contracted Don't know  
 if not at place of death?

Former or usual residence St. Joseph Mo.

PLACE OF BURIAL OR REMOVAL St. Joseph Mo. DATE OF BURIAL July 6, 1912

UNDERTAKER A. V. Lindsey ADDRESS 423 Westport

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) A. M. Reynolds  
 (ADDRESS) St. Joseph Mo.  
W. S. Wheeler  
 REGISTRAR

Filed July 6 1912

# 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*, *Sarcoma*, 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.)

PLACE OF DEATH

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

County Jackson  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. University Hospital St. \_\_\_\_\_ Ward)

Registration District No. 399 File No. 22980  
Primary Registration District No. 1002 Registered No. 2249

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

FULL NAME Earle Melville Reynolds

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH July 5, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Nov. 12, 1888  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 5, 1912, to July 5, 1912, that I last saw him alive on July 5, 1912, and that death occurred, on the date stated above, at 3 p.m.

AGE 24 yrs. 8 mos. 7 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The CAUSE OF DEATH\* was as follows:  
Shock from Anginal Operation  
Following Cranium Fracture  
out of a Tree in Spelka 12 mo ago  
striking on back of head  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Contributory Dysmaturaction - Epilepsy  
(SECONDARY) (Duration) 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

PARENTS NAME OF FATHER A. M. Reynolds BIRTHPLACE OF FATHER Vir.  
MAIDEN NAME OF MOTHER Julia Maxwell BIRTHPLACE OF MOTHER Mo.

(Signed) W. S. Wheeler M. D. July 5, 1912 (Address) 522 Altman Bldg.  
\* 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 (Informant) A. M. Reynolds  
(ADDRESS) Rt. Joseph Mo.

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 \_\_\_\_\_

Filed SEP 14 1912 W. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Rt. Joseph Mo. DATE OF BURIAL July 6, 1912  
UNDERTAKEER A. V. Lindsey ADDRESS Son 424 Westport

RECEIVED BY REGISTERARS should state ACTUALLY REGISTERED should state OCCUPATION is very important.

# 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 of 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.)