

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jackson
Township Rau
or
Village 1
or
City Kansas City (NO. St. Mary's Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 29613
Registered No. 2959

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

FULL NAME William B. Rincard

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>Aug 6</u> , 18 <u>88</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>1</u> mos. <u>10</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Teller 4-53</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>New England National Bank</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo.</u>		
PARENTS	NAME OF FATHER <u>Chas Rincard</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Laura Baetz</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Rob Ward</u> (ADDRESS) <u>5316 Wayne</u>		

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 2nd, 1912, to Sept 15th, 1912, that I last saw him alive on Sept 15th, 1912, and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:
Abscess of the liver
Operated August 23rd 1912
4 1/2 pt pus evacuated
125 B (Duration) yrs. ____ mos. ____ ds.
117 B
Contributory (SECONDARY) (Duration) yrs. ____ mos. ____ ds.

(Signed) W. S. Wheeler M.D.
Sept 16, 1912 (Address) 6501 Sharp Blvd City

*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. 21 ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted if not at place of death?
Former or usual residence 25 West 38

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Sept 17, 1912
UNDERTAKER R. V. Lindsey ADDRESS 424 Westport

SEP 16 1912
REGISTRAR W. S. Wheeler

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 *Plaster, 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, 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
County Jackson

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

Township _____

Registration District No. 399File No. 29613

Village _____

Primary Registration District No. 1002Registered No. 2959City Kansas City (NO. St. Mary's Hospital St. _____ Ward)

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

FULL NAME William B. Kincaid

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>Single</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Aug. 6</u> , 18 <u>78</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>1</u> mos. <u>10</u> ds.		IF LESS than 1 day, ___ hrs. ___ min. or ___ min.

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

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

PARENTS	NAME OF FATHER <u>Chas. Kincaid</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>
	MAIDEN NAME OF MOTHER <u>Laura Baettie</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Prob Ward
(ADDRESS) 5516 Wayne

Filed _____ 1912 REGISTRAR R. V. Lindsey

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 23, 1912, to Sept. 15, 1912,
that I last saw him alive on Sept. 15, 1912,
and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:
Abscess of the liver
non-tuberculous & apparently
secondary to duodenal ulcer
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) Wm. H. Ayres M. D.
Sept. 16, 1912 (Address) 301 Sharp Bldg.

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 Forest HillDATE OF BURIAL Sept. 17, 1912UNDERTAKER R. V. Lindsey ADDRESS 724 Westport

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.)