

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

PLACE OF DEATH

County Jackson  
Township Haw  
or  
Village  
or  
City Kansas City (NO. 1616 Troost St.; Ward)

Registration District No. 399 File No. 36138  
Primary Registration District No. 1002 Registered No. 3537

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

FULL NAME Charles E. Triado

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE Wh SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH 9 6, 1883  
(Month) (Day) (Year)

AGE 29 yrs. 2 mos. 8 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Policeman  
(b) General nature of industry, business, or establishment in which employed (or employer) 2-16

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

NAME OF FATHER Agust M. Triado

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

MAIDEN NAME OF MOTHER Francis Owens

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs A. M. Triado  
(ADDRESS) 1616 Troost

NOV 15 1912  
Filed 1912 W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 14, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 9, 1912, to Nov 14, 1912, that I last saw him alive on Nov 14, 1912, and that death occurred, on the date stated above, at 4:00 a.m.

The CAUSE OF DEATH\* was as follows:  
Septicemia  
1288  
36  
1200  
(Duration) yrs. 5 mos. ds.  
Contributory calicis River chills  
(SECONDARY) (Duration) yrs. 5 mos. ds.  
(Signed) Fred H. Hatt M. D.  
Nov 15, 1912 (Address) 1502 Troost

\*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. \_\_\_ 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 Elmwood Cemetery DATE OF BURIAL Nov 16, 1912  
UNDERTAKER Mrs. Thurns ADDRESS 1804 E. 15

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.

# 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

County Jackson

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Kansas City (No. 1616 Troost)

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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 399 File No. 11Primary Registration District No. 1002 Registered No. 3537

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

FULL NAME Charles E. Trinds

## PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M.DATE OF BIRTH 9 6, 1883  
(Month) (Day) (Year)AGE 29 yrs. 2 mos. 8 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?OCCUPATION  
(a) Trade, profession, or particular kind of work

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

BIRTHPLACE  
(City or town, State or foreign country)PARENTS NAME OF FATHER Alfred W. TrindsBIRTHPLACE OF FATHER (City or town, State or foreign country) FranceMAIDEN NAME OF MOTHER Francis OwensBIRTHPLACE OF MOTHER (City or town, State or foreign country) Spain

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A. M. Trinds(ADDRESS) 1616 TroostFiled Nov. 15, 1912 W. D. Wheeler REGISTRAR

JAN 13 1913

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 14, 1912  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 9, 1912, to Nov. 14, 1912, that I last saw him alive on " ", 1912, and that death occurred, on the date stated above, at 4:30 pm.

The CAUSE OF DEATH\* was as follows:

Septicemia & from abscess of liver, long standing, operation refused (Duration) yrs. 5 mos. ds.Contributory catarrhal enterocolitis (SECONDARY) possible appendicitis (Duration) yrs. 1 mos. ds.(Signed) Fred H. H. H. M. D. Nov. 15, 1912 (Address) 1502 Troost

\*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. \_\_\_ 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 Elmwood Cem DATE OF BURIAL Nov. 16, 1912UNDERTAKER Mueser & Huseno ADDRESS 1904 E. 15<sup>th</sup>

Original file, date \_\_\_\_\_, 19\_\_\_\_ All information called for must be written on this Supplementary Certificate.

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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 "*Asithenia*," "*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.)

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