

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 Raw Registration District No. 399 File No. 39497
Village _____ Primary Registration District No. 1-002 Registered No. 1005
or Kansas City Mo. No. 3215 East 27 St. _____ Ward _____
FULL NAME Mabel Elizabeth Kingsley [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Wh. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed

DATE OF BIRTH July 15, 1861
(Month) (Day) (Year)

AGE 51 yrs. 5 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Boston Mass.

PARENTS
NAME OF FATHER Albert Kingsley
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mass.
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mass.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 1, 1912, to Dec 28, 1912, that I last saw her alive on Dec 27, 1912, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
Diabetes Insipidus
and complicated with Tuberc
5413
69 3/4 (Duration) _____ yrs. _____ mos. _____ ds.
Contributory with complications
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. W. Elvain M. D.
Dec 29, 1912 (Address) 157 Locust

*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 DATE OF BURIAL Dec. 30, 1912
UNDERTAKER Mar. C. L. Forster ADDRESS 918 Brooklyn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thomas H. Murray
(ADDRESS) 3215 East 27
DEC 29 1912 W. S. Whelley
Filed _____ 191 _____ REGISTRAR

Missouri County
vised 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 healthiness of various pursuits can be known. The question arises to each and every person, irrespective of age, what many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Operator*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Boilery fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the nature of work and also (b) the nature of the business or industry, and therefore an additional line is provided for latter statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (not paid *Housekeepers* who receive a definite salary), should be entered as *Housewife*, *Housework*, or *At home*, and men, not gainfully employed, as *At school* or *At home*. Persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been discontinued or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If re-employment in business, that fact may be indicated thus: (a) *Business* (b) *None*. For persons who have no occupation, write *None*.

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.)

FROM

Statement of cause of death.—Name, first, the primary cause of DEATH (the primary affection with remote causation), using always the same term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of "throat"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia" unqualified, is indefinite); *Tuberculosis of lungs*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid "Tumor" for malignant neoplasms); *Measles*

1. *Measles* (disease causing death)
29 ds.
2. *Bronchopneumonia* (secondary)
10 ds.

