

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 Jackson ✓
 County Jackson
 Township _____ or Village _____ or City Kansas City (NO. 2101 Jackson)
 Registration District No. 399 File No. 1190
 Primary Registration District No. 1002 Registered No. 14
 St. _____ Ward _____
 FULL NAME Ormaria Jackson
 [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> (Write the word)	DATE OF DEATH <u>Dec. 31</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 20</u> , 18 <u>57</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 7th</u> , 191 <u>2</u> , to <u>Dec 31</u> , 191 <u>2</u> , that I last saw her alive on <u>Dec 31</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>11 P.M.</u>	
AGE <u>75</u> yrs. <u>3</u> mos. <u>11</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?	The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage</u> <u>82A</u> <u>97</u> <u>135B</u> (Duration) <u>over</u> yrs. <u>7</u> mo. <u>1</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>At home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>C. L.</u>			Contributory <u>Apoplexy</u> (Duration) ____ yrs. ____ mos. ____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Mo.</u>			(Signed) <u>J. W. Coleman</u> M. D. <u>Jan 10th</u> 191 <u>2</u> (Address) <u>3105 E. 18th St</u>	
PARENTS	NAME OF FATHER <u>L. E. Steele</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>40</u> yrs. ____ mos. ____ ds. In the State <u>25</u> yrs. ____ mos. ____ ds.	
	MAIDEN NAME OF MOTHER <u>Sasandra Owings</u>		Where was disease contracted if not at place of death? _____ Former or usual residence. _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>		PLACE OF BURIAL OR REMOVAL <u>Elmwood</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>E. L. Jackson</u> (ADDRESS) <u>2101 Jackson</u>			DATE OF BURIAL <u>Jan. 2</u> , 191 <u>2</u>	
Filed <u>JAN 2</u> 191 <u>2</u> <u>W. S. Wheely</u> REGISTRAR			UNDERTAKER, <u>E. Steue & Son</u> <u>G. D. Nichol.</u>	
			ADDRESS <u>724 Oak St</u>	

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, peritonaeum*, 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.)

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PLACE OF DEATH
County Jackson
Township _____
or
Village _____
or
City Kansas City (NO. 2101 Jackson) St.: _____ Ward _____

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.
CERTIFICATE OF DEATH

Registration District No. 399 File No. _____
Primary Registration District No. 1002 Registered No. 14

FULL NAME Marie Jackson

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. COLOR OR RACE white SINGLE MARRIED widowed
WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Sept. 20, 1857
(Month) (Day) (Year)

AGE 75 yrs. 3 mos. 11 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS
NAME OF FATHER L. E. Steele
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER Cassandra Ovington
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. L. Jackson

(ADDRESS) 2101 Jackson
Filed MAR 10 1913 A.M. W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 27, 1912, to Dec. 31, 1912, that I last saw her alive on Dec. 31, 1912, and that death occurred, on the date stated above, at 11 p. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
due to arteriosclerosis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. B. Coleman M.D.
Jan. 1, 1912 (Address) 3105 E. 18th St.
*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 Jan. 2, 1912
UNDERTAKER E. Stine & Son ADDRESS 924 Oak St.

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 "*Assthenia,*" "*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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