

PLAGE OF DEATH

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

County Jackson
Township Kaco
or
Village _____
or
City Kansas City (NO. General Hospital St.; _____ Ward)

Registration District No. 399 File No. 1500
Primary Registration District No. 1002 Registered No. 324

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

FULL NAME Harvey Reedus

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE negro SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH Apr 27 1888
(Month) (Day) (Year)
AGE 24 yrs. 8 mos. 26 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) day labor

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

PARENTS
NAME OF FATHER John Reedus
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ark
MAIDEN NAME OF MOTHER Lucy Barrett
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. S. Wheeler
(ADDRESS) Genl Hosp

Filed JAN 27 1913 1913 W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 23 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 15, 1913, to Jan 23, 1913,
that I last saw hm alive on Jan 23, 1913,
and that death occurred, on the date stated above, at 7:45 p.m.
The CAUSE OF DEATH was as follows:
Double pneumonia

(Duration) 108 yrs. 7 mos. 9 ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. S. Wheeler M.P.
1/24 1913 (Address) General Hospital

*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. 8 ds. In the State 4 yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? Not known
Former or usual residence 1408 E 19th

PLACE OF BURIAL OR REMOVAL Kennett Ark DATE OF BURIAL Jan 27 1913

UNDERTAKER Watkin Bros. 1729 Lydia ave ADDRESS

ation.—Precise statement of occupation, so that the relative healthiness can be known. The question for every person, irrespective of age, is a single word or term on the first line, as *Farmer or Planter, Physician, Locomotive engineer, Civil engineer*, etc. But in many cases especially in the case of children, it is necessary to know (a) the nature of the business or occupation, and (b) the nature of the business or occupation. An additional line is provided for each occupation which could be used only when needed. Examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. The first part of the second statement is the name of the occupation, as *Day laborer—Coal mine*, etc. Women in the duties of the household who receive a definite salary, as *Wife, Housework*, or *At home*, and employed, as *At school* or *At home*. Report specifically the occupations and service for wages, as *Secretary*. If the occupation has been reported on account of the DISEASE CAUSING FACT at beginning of illness. If report of fact may be indicated thus: For persons who have no occupation.

Mode of death.—Name, first, the primary affection with relation, using always the same definite disease. Examples: *Cerebral meningitis* (never report "Epidemic meningitis"); *Diphtheria* (avoid use of "Epidemic diphtheria"); *Typhoid pneumonia* (never report "Typhoid pneumonia"); *Bronchopneumonia* ("Pneumonia"); *Tuberculosis of lungs*; *Carcinoma, Sarcoma*, etc. of "Cancer" is less definite; avoid malignant neoplasms); *Measles*

Whooping cough; Chronic valvular heart disease; interstitial nephritis, etc. The contributor, or intercurrent) affection need not be stated if important. Examples: *Measles* (disease causing death); *Bronchopneumonia* (secondary), *It* report mere symptoms or terminal condition: "Asthenia," "Anaemia" (merely symptomatic "Collapse," "Coma," "Convulsions," "Debilital genital," "Senile," etc.), "Dropsy," "Exhaustion," "Failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc. A definite disease can be ascertained as the cause of all diseases resulting from childbirth carriage, as "PUERPERAL septicaemia," "peritonitis," etc. State cause for which surgery was undertaken. For VIOLENT DEATHS state INJURY and qualify as ACCIDENTAL, SUICIDAL, or as probably such, if impossible to state definitely. Examples: *Accidental drowning railway train—accident; Revolver wound of head Poisoned by carbolic acid—probably suicide*. State of the injury, as fracture of skull, and consequent *sepsis, tetanus* may be stated under the heading "tributory." (Recommendations on statement of death approved by Committee on Nomenclature, American Medical Association.)

use of "Tumor" for *Whooping cough; Chronic interstitial nephritis*, or intercurrent) affection. Example: *Measles* (disease causing death); *Bronchopneumonia* report mere symptoms: "Asthenia," "Anaemia," "Collapse," "Coma," "Debilital genital," "Senile," etc. "Failure," "Haemorrhage," "Shock," "Uraemia," etc. A definite disease can be ascertained as the cause of all diseases resulting from childbirth carriage, as "PUERPERAL septicaemia," "peritonitis," etc. State cause for which surgery was undertaken. For INJURY and qualify as ACCIDENTAL, SUICIDAL, or as probably such, if impossible to state definitely. Example: *Accidental drowning railway train—accident; Revolver wound of head Poisoned by carbolic acid—probably suicide*. State of the injury, as fracture of skull, and consequent *sepsis, tetanus* may be stated under the heading "tributory." (Recommendations on statement of death approved by Committee on Nomenclature, American Medical Association.)

neoplasms); *Measles; heart disease; Chronic contributory (secondary) disease causing death*. Never report mere symptoms, such as "Atrophy," "Debility" ("Constitutional exhaustion," "Heart failure," "Marasmus," "Old age," etc., when a definite disease can be ascertained as the cause. Always report specifically the occupations and service for wages, as *Secretary*. If the occupation has been reported on account of the DISEASE CAUSING FACT at beginning of illness. If report of fact may be indicated thus: For persons who have no occupation.