

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 Clay

Township _____

Village _____

City Excelsior Spgs (NO. Edwin Hotel)

Registration District No. 198

Primary Registration District No. 3011

File No. 4660

Registered No. 14

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

FULL NAME Carrie J. Loose

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Feb, 8, 1913
(Month) (Day) (Year)

DATE OF BIRTH Feb, 23, 1843
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 19, 1913, to Feb 5, 1913, that I last saw her alive on Feb 5, 1913, and that death occurred, on the date stated above, at 8 P m.

AGE 69 yrs. 11 mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Valvular heart disease & cellulitis edema
7 to 8 (Duration) 10 yrs. ___ mos. ___ ds.

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

Contributory Valvular heart disease
(SECONDARY) (Duration) 10 yrs. ___ mos. ___ ds.

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

NAME OF FATHER Wilson Hoag

BIRTHPLACE OF FATHER (City or town, State or foreign country) N.Y.

MAIDEN NAME OF MOTHER Eliza P. Guilman

BIRTHPLACE OF MOTHER (City or town, State or foreign country) N.H.

(Signed) J. D. Bogart M. D.
Feb 5, 1913 (Address) Excelsior Spgs Mo

*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. 17 ds. In the State, 10 yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?
Former or usual residence 1855 Indep Ave. Kansas City Mo

(Informant) Joseph J. Loose

(ADDRESS) 1855 Indep. Blvd

PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL Feb 8, 1913

Filed Feb 4, 1913 J. D. Bogart REGISTRAR

UNDERTAKER E. Stein & Son ADDRESS 924 Oak St. Kansas City Mo

United States Standard Certificate of Death

[by U. S. Census and American Public Health
Association]

ment of occupation.—Precise statement of is very important, so that the relative health-rious pursuits can be known. The question each and every person, irrespective of age, occupations a single word or term on the first sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, fireman*, etc. But in many cases especially in employments, it is necessary to know (a) the work and also (b) the nature of the business or industry and therefore an additional line is provided for statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement for return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (e. g., *paid Housekeepers* who receive a definite salary), or employed as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations engaged in domestic service for wages, as *Seaman, Housemaid*, etc. If the occupation has been given up on account of the DISEASE CAUSING the death, the occupation at beginning of illness. If re-employment, that fact may be indicated thus: *Employed 6 yrs.* For persons who have no occupation, write *None*.

Statement of cause of death.—Name, first, last, and middle (the primary affection with relation to time and causation), using always the same word for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Epidemic"); *Typhoid pneumonia* (never report "Typhoid pneumonia"); *Bronchopneumonia* ("Pneumonia" is indefinite); *Tuberculosis of lungs*, *of pleura*, etc., *Carcinoma*, *Sarcoma*, etc. of same origin; "Cancer" is less definite; avoid "Sarcoma" 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.)

JEFFERSON CITY,

Bureau of Vital Statistics

MISSOURI

FROM BUREAU OF HEALTH