

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

PLACE OF DEATH Jackson
County Kearney Registration District No. 399 File No. 5500
Township Kearney Primary Registration District No. 1002 Registered No. 639
Village Kearney (NO. 318812) St. _____ Ward _____
City Kearney (NO. 318812)

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

FULL NAME Mary Atkinson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widow</u> (Write the word)
DATE OF BIRTH <u>Sept 29, 1840</u> (Month) (Day) (Year)		
AGE <u>72 yrs. 4 mos. 22 ds.</u>		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>"O" "O"</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo.</u>		
PARENTS	NAME OF FATHER <u>Jno. Rickert</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ind.</u>	
	MAIDEN NAME OF MOTHER <u>Unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>"</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 16th, 1913, to Feb 20th, 1913, that I last saw her alive on Feb 20th, 1913, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Mitral Stenosis

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

Contributory Arterio-sclerosis
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. R. Curry M. D.
Feb 20, 1913 (Address) 701 Bryant Bldg

*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 _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nora M. Fouch
(ADDRESS) 3188 12th St

FEB 21 1913
Filed _____ 1913 W. S. Wheeler
REGISTRAR

PLACE OF BURIAL OR REMOVAL M. S. Curry Key St. 1913 DATE OF BURIAL _____
UNDERTAKER Edward J. Smith 2020 E. 12th ADDRESS _____

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.

Association]

f occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of age, takes a single word or term on the first part, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer,*, etc. But in many cases especially in occupations, it is necessary to know (a) the nature of the business or profession before an additional line is provided for occupation; it should be used only when needed. (a) *Spinner, (b) Cotton mill; (a) Salesman, Foreman, (b) Automobile factory.* The name may form part of the second statement "Laborer," "Foreman," "Manager," without more precise specification, as *Day laborer, Laborer—Coal mine,*, etc. Women 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." A definite disease can be ascertained as to qualify all diseases resulting from carriage, as "PUERPERAL septicaemia peritonitis," etc. State cause for which was undertaken. For VIOLENT DEATH INJURY and qualify as ACCIDENTAL, FATAL, 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.)

MISSOURI

HEALTH

TH

FORM XXX