

CAUSE OF DEATH in print 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 _____
 or _____
 Village _____
 or _____
 City Kansas City (NO. St. Marys Hospital, St. _____ Ward _____)

399

Registration District No. _____ File No. 9080
 Primary Registration District No. 1002 Registered No. 746

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

FULL NAME Alma C. King.

PERSONAL AND STATISTICAL PARTICULARS		
SEX Female	COLOR OR RACE White	SINGLE MARRIED WIDOWED OR DIVORCED Married. <small>(Write the word)</small>
DATE OF BIRTH <u>September 30, 1850</u> <small>(Month) (Day) (Year)</small>		
AGE <u>63 yrs. 2 mos. 28 ds.</u>		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0 ----</u>		
BIRTHPLACE (City or town, State or foreign country) <u>New York.</u>		
PARENTS	NAME OF FATHER <u>Joseph Cool</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New York.</u>	
	MAIDEN NAME OF MOTHER <u>Nancy Bater.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>New York.</u>	

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28, 1913.
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 10, 1913, to Feb 28, 1913; that I last saw her alive on Feb 28, 1913, and that death occurred, on the date stated above, at 10:20 am.

The CAUSE OF DEATH* was as follows:
Uremia
127A
132B

(Duration) yes yrs. 2 mos. _____ ds.

Contributory Apoplexy from rupture of the bladder
(SECONDARY) (Duration) _____ yrs. _____ mos. 20 ds.

(Signed) B. T. Sharp M. D.
7/18, 1913 (Address) Reddick

*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. 21 ds. In the State _____ yrs. _____ mos. 21 ds.

Where was disease contracted _____ if not at place of death?
 Former or usual residence Glasc'o Kansas Glasc'o Kans.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Henry Rogers
 (ADDRESS) Glasc'o Kans.

PLACE OF BURIAL OR REMOVAL Glasc'o Kansas DATE OF BURIAL Mar. 1, 1913

Filed MAR -1 1913 1913 W. S. Wheeler REGISTRAR

UNDERTAKER R. V. Lindsey ADDRESS 424 Westport

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*, *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," 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.)