

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. 929 Forest)

Registration District No. 399 File No. 9140
 Primary Registration District No. 1002 Registered No. 796
 St.: _____ Ward _____

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

FULL NAME George Peake

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>
SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	
DATE OF BIRTH <u>February 17</u> , 1 <u>947</u> (Month) (Day) (Year)	
AGE <u>66</u> yrs. <u>0</u> mos. <u>13</u> ds. or _____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Expert Accountant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Office work</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Richmond Va</u>	
PARENTS	NAME OF FATHER <u>George Ralls Peake</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Caroline Va</u>
	MAIDEN NAME OF MOTHER <u>Jane Knox Barclay</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Richmond Va</u>

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>March 3rd</u> , 191 <u>3</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>June 20</u> , 191 <u>1</u> , to <u>March 3</u> , 191 <u>3</u> , that I last saw him alive on <u>Feb 2nd</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>4:30</u> Am.
The CAUSE OF DEATH* was as follows: <u>Bright Disease of the Kidney</u> <u>131</u> <u>132B</u>
(Duration) <u>2</u> yrs. <u>6</u> mos. _____ ds.
Contributory <u>traumatic Poisoning</u> (SECONDARY) (Duration) _____ yrs. _____ mos. <u>3</u> ds.
(Signed) <u>Charles H. Carter</u> M. D. <u>Feb 3rd</u> 191 <u>3</u> (Address) <u>929 Forest Avenue</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) William Peake
 (ADDRESS) Kansas City
 Filed MAR -5 1913 1913
M.S. Wheeler REGISTRAR

*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 4 yrs. _____ mos. _____ ds. State _____
 Where was disease contracted if not at place of death?
 Former or usual residence Kansas City, Mo
 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Feb. 5, 1913
 UNDERTAKER E. Stine & Son Undertakers ADDRESS 924 Oak St
Thos. L. Nichol.

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, Composer, 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.)