

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.

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

PLACE OF DEATH
 County Jackson
 Township Rau
 or
 Village _____
 or
 City Kansas City (NO. General Hospital St. _____ Ward _____)

Registration District No. 399 File No. 16500
 Primary Registration District No. 1002 Registered No. 1552

FULL NAME Mrs. Mollie Harmonson

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>Wh</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Unknown</u> , 18 <u>66</u> ? (Month) (Day) (Year)		
AGE <u>about 47</u> yrs. ____ mos. ____ ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>		
PARENTS	NAME OF FATHER <u>Genie Zimmerman</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>	
	MAIDEN NAME OF MOTHER <u>Not known</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not known</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) James Harmonson
 (ADDRESS) 905 Troost
 MAY - 6 1913
 Filed _____ 191____
W. S. Whaley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 24, 1913, to May 6, 1913, that I last saw her alive on May 6, 1913, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Hemile Deventia, 10
Hemiplegia, 10
10
10
10

(Duration) ____ yrs. ____ mos. ____ ds.
 Contributory Lobar Pneumonia
 (SECONDARY) (Duration) ____ yrs. ____ mos. 3 ds.
 (Signed) R. H. Vandeventer M. D.
576 1913 (Address) Keil 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. 12 ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?
 Former or usual residence 905 Troost

PLACE OF BURIAL OR REMOVAL <u>Forest Hill</u>	DATE OF BURIAL <u>May 8</u> , 191 <u>3</u>
UNDERTAKER <u>M. Dink</u>	ADDRESS <u>3015 Main</u>

"MADE A BLINDLY WITH UNFADING INK—THIS IS A PERMANENT RECORD"

3. Census and American Public Health Association

of occupation.—Precise statement of important, so that the relative health-pursuits can be known. The question and every person, irrespective of age, tions a single word or term on the first ent, e. g., *Farmer or Planter, Physician, Locomotive engineer, Civil engineer,* etc. But in many cases especially in nts, it is necessary to know (a) the so (b) the nature of the business or pre an additional line is provided for it should be used only when needed. *Winner, (b) Cotton mill; (a) Salesman, reman, (b) Automobile factory.* The may form part of the second state- "Laborer," "Foreman," "Manager," out more precise specification, as *Day Laborer—Coal mine,* etc. Women gaged in the duties of the household *keepers* who receive a definite salary), *housewife, Housework, or At home,* and y employed, as *At school or At home.* to report specifically the occupations n domestic service for wages, as *Ser- id,* etc. If the occupation has been on account of the DISEASE CAUSING tion at beginning of illness. If re- that fact may be indicated thus: s.). For persons who have no occu- pite *None.*

cause of death.—Name, first, the ATH (the primary affection with re- causation), using always the same the same disease. Examples: *Cere-* only definite synonym is "Epidemic gitis"); *Diphtheria* (avoid use of *fever* (never report "Typhoid pneu- monia; *Bronchopneumonia* ("Pneu- is indefinite); *Tuberculosis of lungs,* m, etc., *Carcinoma, Sarcoma,* etc. of rigin; "Cancer" is less definite; avoid or malignant neoplasms); *Measles;*

Whooping cough; Chronic valvular he- interstitial nephritis, etc. The contr- or intercurrent) affection need not b- portant. Example: *Measles* (diseas- 29 ds.; *Bronchopneumonia* (secondar- report mere symptoms or terminal c- "Asthenia," "Anaemia" (merely sympt- "Collapse," "Coma," "Convulsions," "genital," "Senile," etc.), "Dropsy," "E- failure," "Haemorrhage," "Inanition," age," "Shock," "Uraemia," "Weakn- definite disease can be ascertained as- qualify all diseases resulting from childbirth or mis- carriage, 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 HOMI- CIDAL, 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 "Con- tributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)