

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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. See instructions on back of certificate.

5-5330

PLACE OF DEATH

MISSOURI
STATE OF KANSAS
STATE BOARD OF HEALTH

County Barton

Township Leroy

City ~~Atchaf~~

Reg. District 41
No. Prim. Reg. No 5063 street, _____ Ward. _____
Registered No. 32024

FULL NAME Ralph Moore Gazway

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

PERSONAL AND STATISTICAL PARTICULARS.

Sex male Color or Race white Single, Married, Widowed, or Divorced. single
(Writes the word.)

Date of Birth. March 24 1913
(Month) (Day) (Year)

Age. 6 yrs. 26 mos. 26 ds. If LESS than 1 day, ___ hrs. or ___ min.?

Occupation. (a) Trade, profession, or particular kind of work father works as
(b) General nature of industry, business, or establishment in which employed (or employer) same as above

Birthplace. (State or country) Mo V

Parents. 10 Name of Father. Joseph Gazway
11 Birthplace of Father. (State or country) Vernon county Mo
12 Maiden name of Mother. Lemora Moore
13 Birthplace of Mother. (State or country) Barton county Mo

14 The above is true to the best of my knowledge.
(Informant) Joseph Gazway
(Address) Arcadia Kans R#1

15 Filed Oct 21 1913 Ed Smith
Registrar.

1 MEDICAL CERTIFICATE OF DEATH.

10 Date of Death. 10 20 1913
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from _____ 191., to _____ 191.,
that I last saw h. _____ alive on _____ 191.
and that death occurred, on the date stated above, at 239 M.

The CAUSE OF DEATH * was as follows:
Burned to death
191 11/9
(Duration) ___ yrs. ___ mos. ___ da.

Contributory (Secondary). _____
(Duration) ___ yrs. ___ mos. ___ da.
(Signed) R W Moore M. D.
Oct 20 1913 (Address) Arcadia

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 Length of Residence (For hospitals, institutions, transients, or recent residents).
At place of death ___ yrs. ___ mos. ___ da. In the State ___ yrs. ___ mos. ___ da.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 Place of Burial or Removal. St. Paul Seminary Date of Burial. Oct 21 1913

20 Undertaker. W D Kovantz Address. Arcadia Ks

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*, *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, peritonaeum*, 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.)