

## PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

Registration District No. 791File No. 37501or  
Village \_\_\_\_\_Primary Registration District No. 1003Registered No. 9867or  
City St Louis(NO. 4149 PenroseSt. 91

Ward)

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

FULL NAME Julia Kennedy

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)DATE OF BIRTH Sept. 20, 1875  
(Month) (Day) (Year)AGE 38 yrs. 1 mos. 14 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?OCCUPATION  
a) Trade, profession, or particular kind of work House Wife  
b) General nature of industry, business, or establishment in which employed (or employer) 9-0BIRTHPLACE  
(City or town, State or foreign country) IrelandNAME OF FATHER John FinneganBIRTHPLACE OF FATHER  
(City or town, State or foreign country) IrelandMAIDEN NAME OF MOTHER Bridget DiffleyBIRTHPLACE OF MOTHER  
(City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) Thomas Kennedy(ADDRESS) 4149 Penrose St

Filed

NOV -5 1913

Marlo Starkloff  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 4<sup>th</sup>, 1913  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from about two years, 1911, to years, 1911, that I last saw her alive on Nov 4<sup>th</sup>, 1913, and that death occurred, on the date stated above, at 115<sup>P</sup> m.The CAUSE OF DEATH\* was as follows:  
Pulmonary tuberculosis  
23A(Duration) 2 yrs. 2 mos. 14 ds.

Contributory (SECONDARY) \_\_\_\_\_

(Duration) 8 yrs. 1 mos. 14 ds.(Signed) Wm D. Donnan M. D.Nov 4<sup>th</sup>, 1913 (Address) 2839 Park Ave.

\*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 State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Calvary CemeteryDATE OF BURIAL 11/6, 1913UNDERTAKER Arthur J. DonnellyADDRESS 2039 Wash St

# 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 healthiness of various pursuits can be known. The question is to each and every person, irrespective of age, many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Visitor, Architect, Locomotive engineer, Civil engineer, Factory fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the nature of work and also (b) the nature of the business or industry, and therefore an additional line is provided for latter statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The industry worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Clerk," 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 (not paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework*, or *At home*, and men, not gainfully employed, as *At school* or *At home*. Persons 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: *Retired (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 reference to time and causation), using always the same designated 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.)