

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 Kane or Village _____
City Kansas (NO. 48 E 6 st) St. _____ Ward _____
Registration District No. 399 File No. 39501
Primary Registration District No. 1002 Registered No. 3885

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

FULL NAME Minnie Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>Col</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Unknown</u> , 18 <u>78</u> (Month) (Day) (Year)		
AGE <u>35</u> yrs. _____ mos. _____ ds.		(IF LESS than 1 day, _____ hrs. or _____ min.?)
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>		
PARENTS	NAME OF FATHER <u>Unknown</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>"</u>	
	MAIDEN NAME OF MOTHER <u>"</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>"</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 24, 1913, to Dec 11th, 1913, that I last saw her alive on Dec 11th, 1913, and that death occurred, on the date stated above, at 8²⁰ m.

The CAUSE OF DEATH* was as follows:
Septicemia
Tubercle Pneumonia
Septicemia
131 (Duration) 1 yrs. 1 mos. 0 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Robert L. Woods M. D.
Dec 13, 1913 (Address) 111 E Main St.

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Miller
(ADDRESS) 488 E. 6 st
W. S. Wheeler
Filed _____ 1913 REGISTRAR

PLACE OF BURIAL OR REMOVAL Woodland
DATE OF BURIAL 12-14, 1913
UNDERTAKER C. and P. 102233 Ind
ADDRESS _____

United States Standard Certificate of Death



[By U. S. Census and American Public Health
Association]

STATEMENT

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-
rious pursuits can be known. The question

Each and every person, irrespective of age.
occupations a single word or term on the first
sufficient, e. g., *Farmer or Planter, Physician,*
Architect, Locomotive engineer, Civil engineer,
seaman, etc. But in many cases especially in

TO

employments, it is necessary to know (a) the
kind and also (b) the nature of the business or
and therefore an additional line is provided for
statement; it should be used only when needed.

Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman,*
(b) Store; (a) Foreman, (b) Automobile factory. The
worked on may form part of the second state-
ment return "Laborer," "Foreman," "Manager,"
etc., without more precise specification, as *Day*
farm laborer, Laborer—Coal mine, etc. Women

who are engaged in the duties of the household
paid *Housekeepers* who receive a definite salary),
referred to 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 *Ser-*
vant, 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 re-
tired from business, that fact may be indicated thus:
Farmer (retired, 6 yrs.) For persons who have no occu-
pation whatever, write *None.*

Statement of cause of death.—Name, first, the
DISEASE CAUSING DEATH (the primary affection with re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-*
brospinal fever (the only definite synonym is "Epidemic
cerebrospinal meningitis"); *Diphtheria* (avoid use of
"Croup"); *Typhoid fever* (never report "Typhoid pneu-
monia"); *Lobar pneumonia; Bronchopneumonia* ("Pneu-
monia," 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 im-
portant. 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" ("Con-
genital," "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 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.)