

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 Village St. Louis Registered No. 864
 City Kansas City, Mo. St. Lukes Hospital Ward 879

FULL NAME Frances Morris

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F. COLOR OR RACE Wh. SINGLE MARRIED WIDOWED OR DIVORCED
 (If write the word) married
 DATE OF BIRTH Jan 10 1872
 (Month) (Day) (Year)
 AGE 42 yrs. 8 mos. 8 ds.
 if LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH March 18 1914
 (Month) (Day) (Year)
 I HEREBY CERTIFY that I attended deceased from March 14, 1914, to March 18, 1914, that I last saw her alive on March 18, 1914, and that death occurred, on the date stated above, at 12³⁰ P. M. The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) St.

Injured Shank 1318 from Laboratory 129 for peritonitis
 (Education) yrs. ___ mos. ___ ds. 4

BIRTHPLACE (City or town, State or foreign country) Alabama

Contributory Cyclosporin (SECONDARY) (Duration) yrs. 6 mos. ___ ds.
 (Signed) T. V. Mather H. J. Mather M. D.
March 19, 1914 (Address) 1207 Rearto

PARENTS NAME OF FATHER Mukwonm Colvin
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Alabama
 MAIDEN NAME OF MOTHER Mukwonm
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Alabama

*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. 4 ds. In the State 12 yrs. 6 mos. 4 ds.
 Where was disease contracted if not at place of death?
 Former or usual residence 717 Walnut

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. B. Morris
 (ADDRESS) 717 Walnut

PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL March 19 1914
 UNDERTAKER Mrs. E. L. Foster ADDRESS 919 Brooklyn

MAR 19 1914 Filed W. S. Wheeler REGISTRAR

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.

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 septicæmia," "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.)

Dr. Nathan
26-1-1918