

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 \_\_\_\_\_  
 Village \_\_\_\_\_  
 or Kansas City (NO. The Willows 2929 Main St.; \_\_\_\_\_ Ward)  
 City \_\_\_\_\_

Registration District No. 399  
 Primary Registration District No. 1002

File No. 12578  
 Registered No. 1121

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

FULL NAME Robert Lee Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE <del>MARRIED</del> <del>WIDOWED</del> <del>OR DIVORCED</del> (If <del>Keep the word</del> ) <u>Infant</u>
DATE OF BIRTH <u>April 6</u> 191 <u>4</u> (Month) (Day) (Year)		
AGE <u>2</u> yrs. <u>15</u> mos. <u>15</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Kansas City, Mo.</u>		
PARENTS	NAME OF FATHER <u>W. K. Morrison</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	MAIDEN NAME OF MOTHER <u>Lula May Mitchell</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Franklin Co., Ill.</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Laura Dore  
 (ADDRESS) 2929 Main St.

APR -9 1914  
 Filed \_\_\_\_\_ 1914 W. S. Wheeler  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 6 1914  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 23, 1914, to Apr 6, 1914,  
 that I last saw him alive on Apr 5, 1914,  
 and that death occurred, on the date stated above, at 6:25 P.M.

The CAUSE OF DEATH\* was as follows:  
Interstitial Nephritis  
acute  
130      119  
 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 (Signed) Frank C. Belfrage M. D.  
Apr 7, 1914 (Address) 900 Rialto Bldg.

\*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. 2 mos. 15 ds. In the State \_\_\_\_ yrs. 2 mos. 15 ds.  
 Where was disease contracted If not at place of death? 2929 Main  
 Former or usual residence 2929 Main

PLACE OF BURIAL OR REMOVAL <u>Highland Park</u>	DATE OF BURIAL <u>4-11</u> 191 <u>4</u>
UNDERTAKER <u>Eclair Bros</u>	ADDRESS <u>1401 Main St</u>

# 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, 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 "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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.)

ature, .....  
"Old age," "St  
etc., when a d  
d as the cause. A  
ig from childbirth o  
"Septicæmia," "Puer  
use for which surgica  
"OF VIOLENT DEATHS  
ally as ACCIDENTAL  
ly. Examples: Acc  
"y train—accident; R  
Poisoned by carbolic  
ature of the inju  
nsequences (e. g.,  
under the head of  
ations on statement  
by Committee on N  
Medical Association.