

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.

9-5890

PLACE OF DEATH

STATE OF KANSAS
STATE BOARD OF HEALTH

County Barton H1
Township Le Roy 6063
City Osakawee No. _____ street, _____ Ward.

STANDARD CERTIFICATE OF DEATH.
Registered No. 15243

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

FULL NAME Jesse Mallory

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

Sex M Color or Race M Single, Married, Widowed, or Divorced. Single
(Write the word)

Date of Death May 18 9-40 AM 1914
(Month) (Day) (Year)

Date of Birth May 3-1913
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 12 1914 to May 18 1914, that I last saw him alive on May 18 1914 and that death occurred, on the date stated above, at 9 A.M.

Age 1 yrs. 15 mos. 15 da. If LESS than 1 day, — hrs. or — min. ?

The CAUSE OF DEATH * was as follows:
Whooping cough
108
(Duration) _____ yrs. _____ mos. _____ da.

Occupation. (a) Trade, profession, or particular kind of work Oh Loms
(b) General nature of industry, business, or establishment in which employed (or employer)

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.
(Signed) R. W. Moore M. D.
May 19 1914 (Address) Aradale, Mo

Birthplace. (State or country) Barton Co Mo

Parents.
10 Name of Father Wesley Mallory
11 Birthplace of Father (State or country) Parker Kans
12 Maiden name of Mother Opal Sloan
13 Birthplace of Mother (State or country) St Joseph Mo

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

The above is true to the best of my knowledge. (Informant) Wesley Mallory
(Address) Osakawee Mo

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 _____

Filed May 20 1914 C. A. Smith Registrar.

Place of Burial or Removal Shiloh Cemetery Date of Burial May 19 1914
Undertaker W. D. Konantz Address Aradale, Mo

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.)