

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

PLACE OF DEATH

County Jackson  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. 571 Lydia St.; \_\_\_\_\_ Ward)

Registration District No. 399 File No. 16072  
Primary Registration District No. 1002 Registered No. 1432

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

FULL NAME Burton Holmes

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Negro SINGLE MARRIED Married  
WIDOWED  
OR DIVORCED  
(If write the word)

DATE OF BIRTH Unknown, 81  
(Month) (Day) (Year)

AGE 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Day labor

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

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Mary Holmes

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Annie Holmes

(ADDRESS) 571 Lydia

FILED MAY -9 1914 1914 M.S. Wheeler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 3, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 1, 1914 to May 3, 1914, that I last saw him alive on May 3, 1914, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH\* was as follows:  
Mitral Insufficiency

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) Exposure  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) A. Williams M. D.  
May 3, 1914 (Address) 810 Ind. 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

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

PLACE OF BURIAL OR REMOVAL Woodlawn DATE OF BURIAL May 10 1914

UNDERTAKER A. Underlating Co. ADDRESS 1031 Independence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Medical Association.)  
by Committee on Nomen-

## Standard Certificate

under the head of "Con-  
sequences (e. g., sepsis,  
nature of the injury, as

—; *Poisoned by carbolic acid*  
may train—accident; Revolver  
tion)  
Examples: Accidental

—Precise statement of occu-  
tionally as ACCIDENTAL, SUICIDAL, or  
For VIOLENT DEATHS state MEANS OF  
person, irrespective of age.  
e word or term on the first  
"Puerperal septicaemia," "Puerperal  
Farmer or Planter, Physician,  
ing from childbirth or mis-  
Always state cause for which surgical operation  
ive engineer, Civil engineer,  
in many cases, especially in  
"age," "Shock," "Haemorrhage,"  
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 state-  
ment. 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 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.)