

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

PLACE OF DEATH
County Jackson
Township Kaw
or
Village Kanran
or
City City Mo (NO. St. Mary Hospital Ward)

Registration District No. 399 File No. 26112
Primary Registration District No. 1002 Registered No. 2438

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

FULL NAME Landace Evelyn Sublett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word) Married

DATE OF DEATH Aug 8th, 1914
(Month) (Day) (Year)

DATE OF BIRTH Oct 30th, 1857
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 4, 1914, to Aug 8, 1914
that I last saw her alive on August 8, 1914
and that death occurred, on the date stated above, at 5:30 P m.

AGE 61 yrs. 8 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work House 1230
(b) General nature of industry, business, or establishment in which employed (or employer) Wife's

Septicaemia following end to end intestinal resection

BIRTHPLACE (City or town, State or foreign country) Ill.

(Duration) ___ yrs. ___ mos. ___ ds.

NAME OF FATHER James B Walker

Contributory Intestinal Fistula

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

(Duration) ___ yrs. ___ mos. ___ ds.

MAIDEN NAME OF MOTHER Evelyn Parker

(Signed) W. Davis Foster M. D.

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

Aug 9, 1914 (Address) 6125 Warwick Road

*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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) James R Walker

At place of death ___ yrs. ___ mos. ___ ds. In the 25th State ___ yrs. ___ mos. ___ ds.

(ADDRESS) 1407 N. 2nd St. Jackson

Where was disease contracted if not at place of death?

AUG -9 1914 M. S. Wheeler

Former or usual residence Clinton, Mo.

Filed _____ 1914 REGISTRAR Lois J. Stewart

PLACE OF BURIAL OR REMOVAL Clinton, Mo. DATE OF BURIAL Aug 10th, 1914

UNDERTAKER Lois J. Stewart ADDRESS 331 Westport Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

State Board of Health
Missouri State Board of Health

County
Township
State
City

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association)

MISSOURI STATE BOARD OF HEALTH
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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, 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 specifications 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 *Permit, 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 *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 carbonic 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.)