

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34746

1914

PLACE OF DEATH  
 Town or Village or City  
 St. Joseph, Mo.  
 FULL NAME  
 Emma Lee Haddock

DECEASED  
 (Name of deceased)  
 (Sex)  
 (Age)  
 (Date of death)  
 (Place of death)  
 (Cause of death)  
 (Signature of Registrar)

PERSONAL AND STATISTICAL PARTICULARS  
 SEX: Female  
 COLOR OR RACE: White  
 DATE OF BIRTH: Unknown  
 AGE: about 58  
 OCCUPATION: Housewife

MEDICAL CERTIFICATE OF DEATH  
 I HEREBY CERTIFY that I attended deceased from  
 (Date)  
 (Place)  
 and that death occurred on the date stated above.  
 The CAUSE OF DEATH was as follows:

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

Carinoma of Omentum  
 Ho

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

Contributory

PARENTS  
 NAME OF FATHER: Adolph Kemper  
 BIRTHPLACE OF FATHER: Mo.  
 MAIDEN NAME OF MOTHER: Ellen Mackin  
 BIRTHPLACE OF MOTHER: Ill.

NAME OF PHYSICIAN: Jacob Seiger, M.D.  
 ADDRESS: 614 Francis  
 DATE: Nov 25, 1914

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant): E. W. Kemper  
 (ADDRESS): Lawrence, Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death: 7 yrs. Life  
 Where was disease contracted: Lawrence, Mo.  
 Former residence: Lawrence, Mo.

PLAQUE OF BURIAL OR REMOVAL  
 DATE OF BURIAL  
 UNDERTAKER  
 ADDRESS

PLAQUE OF BURIAL OR REMOVAL: Lawrence, Mo.  
 DATE OF BURIAL: Nov 27, 1914  
 UNDERTAKER: Wm. J. Keenan  
 ADDRESS: 1116 W. 10th

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.

Filed Nov 25, 1914

REGISTRAR

# 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 "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.)