

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

PLACE OF DEATH

County Jackson

Township Haw

Village _____

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 38860

Registered No. 3715

(NO. 2419 Vine St. St. _____ Ward _____)

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

FULL NAME Mrs Leta Inno Mullis

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)

DATE OF DEATH Dec 9, 1914
(Month) (Day) (Year)

DATE OF BIRTH Jan 21, 1893
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 5, 1914, to Dec 9, 1914, that I last saw her alive on Dec 9, 1914, and that death occurred, on the date stated above, at 7:10 P.M.

AGE 21 yrs. 10 mos. 18 ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH was as follows:
Typhoid Fever
93C

OCCUPATION (a) Trade, profession, or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer) home

(Duration) 01 yrs. 6 mos. 4 ds.

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

Contributory Regeneration of heart muscle
(SECONDARY) St. Paul
(Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER Wm. E. Coleman

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

MAIDEN NAME OF MOTHER Emma Guild

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

(Signed) St. Paul M. D.
Dec 10, 1914 (Address) 501 Grandam Temple

*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 State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence. _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Mullis Jr

(ADDRESS) 2419 Vine St.

PLACE OF BURIAL OR REMOVAL Griswold Iowa

DATE OF BURIAL Dec 12, 1914

DEC 10 1914
Filed _____ 1914 W.S. Wheeler REGISTRAR

UNDERTAKER Eylar Bros.

ADDRESS 1401 Main St.

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. In 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. 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 (not paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school* or *At home*. For 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.)

No Death 501 No. One, Temple Bldg.