

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

1 PLACE OF DEATH  
County Jackson  
Township Kan  
or  
Village  
or  
City Kans City

Registration District No. 389 File No. 16275  
Primary Registration District No. 1002 Registered No. 1821

(NO. 4600 Bellfontaine Ward)

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

2 FULL NAME Claude Irving Garrison

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE w 5 SINGLE Single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

16 DATE OF DEATH May 25 1915  
(Month) (Day) (Year)

6 DATE OF BIRTH 8 25 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 23 1915 to May 25 1915  
that I last saw him alive on May 25 1915  
and that death occurred, on the date stated above, at 12:45 p.m.  
The CAUSE OF DEATH\* was as follows:

7 AGE 9 yrs. 9 mos. ds.  
If LESS than  
1 day, hrs. or min.?

Valvular  
104  
2 yrs. 2 mos. ds.  
(Duration)

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

CONTRIBUTORY Enterocolitis  
(Secondary) 3 yrs. 3 mos. ds.  
(Duration)

9 BIRTHPLACE  
(City or town, State or foreign country) Kans City

10 NAME OF FATHER R. F. Garrison  
11 BIRTHPLACE OF FATHER Ill  
(City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER Lizzie Lister  
13 BIRTHPLACE OF MOTHER mo.  
(City or town, State or foreign country)

(Signed) W. S. Brunner M. D.  
52-26 1915 (Address) 3414 St. John Ave

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Admiral Sister  
(Address) Pl. Brooklyn

18 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

15 Filed MAY 26 1915 1915 Paul Pagan Registrar

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL 5/26 1915

20 UNDERTAKER Jos. A. Myers ADDRESS 1915 E 15 St

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

# 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, 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 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 organ; "Cancer" is less definite; avoid

10th. Main  
215. Bureau Bldg  
m 6584

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), *20 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.)