

1 PLACE OF DEATH

County Jackson 3279
 Township Kaw Registration District No. 899 File No. 19005
 or H Village H Primary Registration District No. 1002 Registered No. 1989
 or Kansas City (NO. 1112 Park St. Ward)

2 FULL NAME William Gilliland Hall

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE Widowed
 MARRIED Wid
 WIDOWED Wid
 OR DIVORCED
 (Write the word)

6 DATE OF BIRTH Sept 10th 1880
 (Month) (Day) 1. (Year)

7 AGE 73 yrs 8 mos. 1 ds. If LESS than 1 day.....hrs. or.....min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Portersville Pa

PARENTS
 10 NAME OF FATHER unknown
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Belfast Ireland
 12 MAIDEN NAME OF MOTHER unknown
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) U.S.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) EP Hall
 (Address) 1112 Park ave

15 Filed JUN 1st 1915 Paul Pasqua Registrar

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

19005
1989

Registered No.

St. Ward

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH. June 11 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 6th 1915 to June 11 1915
 that I last saw him alive on June 11 1915
 and that death occurred, on the date stated above, at 7:10 p.m.

The CAUSE OF DEATH* was as follows:
myocarditis chronic
93C
162-17A
 (Duration) 6 yrs mos. ds.

CONTRIBUTORY Smoking
 (Secondary) (Duration) yrs mos. ds.

(Signed) R. A. Meade M. D.
June 11th 1915 (Address) 829 Reids Bldg

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

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 1112 Park ave

19 PLACE OF BURIAL OR REMOVAL St. Joseph Me. DATE OF BURIAL 6/12 1915

20 UNDERTAKER J. F. W. W. W. W. ADDRESS 1109 Broadway

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.)