

Missouri
6:30 PM

PLACE OF DEATH.

STATE OF ~~KANSAS~~

STATE BOARD OF HEALTH—DIV. OF VITAL STATISTICS

County *Bates*

Township *Homer*

STANDARD CERTIFICATE OF DEATH. 23980

Registered No.

City _____ No. *5073* street _____ Ward _____

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

FULL NAME *Wilda Eva Roe*

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

Sex *Female* Color or Race *White* Single, Married, Widowed, or Divorced. *Single*
(Write the word.)

Date of Death *July 29* 191*5*
(Month) (Day) (Year)

Date of Birth *Oct 26* 190*5*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *July 29* 191*5*, to *July 29* 191*5*, that I last saw her alive on *July 29* 191*5*.

Age *9* yrs. *8* mos. *2* ds. IF LESS than 1 day, _____ hrs. or _____ min.?

and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH * was as follows:

Occupation. (a) Trade, profession, or particular kind of work. *School girl 2/12*
(b) General nature of industry, business, or establishment in which employed (or employer) _____

Drowned to Death
13 Years
accidental (Duration) _____ yrs. *170* mos. _____ da.

Birthplace. (State or country) *Lin Co. Kans.*

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.

Parents. 10 Name of Father. *Thomas Roe*

(Signed) *J. M. Carruth* M. D.

11 Birthplace of Father. (State or country) *Lin Co. Kansas*

(Address) *Comcast*

12 Maiden name of Mother. *Agnes Harrison*

State, the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13 Birthplace of Mother. (State or country) *Kansas*

18 Length of Residence (For hospitals, institutions, transients, or recent residents).

14 The above is true to the best of my knowledge.

At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.

(Informant) *Mrs. Geo. Davidson*

Where was disease contracted. If not at place of death? _____

(Address) *Moore & Co. Kans.*

Former or usual residence _____

Filed *Aug 10* 191*5* *J. A. Com* Registrar.

19 Place of Burial or Removal. *Trading Post Cemetery* Date of Burial. *July 31* 191*5*

20 Undertaker. *Maylor* or *Recreant's* Address _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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. See instructions on back of certificate.

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.)