

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.

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

29868

1 PLACE OF DEATH
County Buchanan

Township _____
or _____

Registration District No. 85

File No. _____

Village _____
or _____
City St Joseph

Primary Registration District No. 1001
(No. State Hosp No 2 St. _____)

Registered No. 945
Ward _____

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

2 FULL NAME Wm Haywood

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Oct 21 1915
(Month) (Day) (Year)

6 DATE OF BIRTH Unk 1871
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 25th 1915, to Oct 21st 1915, that I last saw him alive on Oct 21st 1915, and that death occurred, on the date stated above, at 7:55 p.m.

7 AGE 34 yrs. _____ mos. _____ ds.
If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

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

Gen. Paralysis of the Insane
83 67

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

(Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER Unk

CONTRIBUTORY (Secondary) Insanity

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unk

(Duration) _____ yrs. _____ mos. _____ ds.

12 MAIDEN NAME OF MOTHER Unk

(Signed) W. L. Whittington, M. D.

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

Oct 21, 1915 (Address) State Hosp No 2

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) W. L. Whittington

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Address) State Hosp No 2

At place of death _____ yrs. _____ mos. _____ ds. In the Not Known State _____ yrs. _____ mos. _____ ds.

15 Filed Oct 21, 1915

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

Registrar W. L. Whittington

Former or usual residence Kansas City Mo

19 PLACE OF BURIAL OR REMOVAL Kansas City Mo.

DATE OF BURIAL Oct 23, 1915

20 UNDERTAKER M. C. Sidenfader

ADDRESS 215 No. 10 St

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 injury; "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.)