

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH **37447**

1 PLACE OF DEATH

County Jackson
Township Kan
or
Village Kansas
or
City City Mo.

Registration District No. 000
Primary Registration District No. 1412
(NO. 1412 Linwood Blr)

File No. 4248
Registered No. 4248

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

2 FULL NAME Patrick Donovan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 1828
(Month) (Day) (Year)

7 AGE 87 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER Daniel Donovan
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
12 MAIDEN NAME OF MOTHER Ann Knaur
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Daniel Donovan
(Address) 1412 Linwood Blr

15 FILED 12/31 1915 Paul Aguer Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 23 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 23, 1915, to Dec 29, 1915, that I last saw him alive on Dec 24, 1915, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* was as follows:
Cataract Pneumonia
109 H
16 V
(Duration) yrs. mos. ds. 9 V

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

(Signed) P. G. Gannon M. D.
Dec 30, 1915 (Address) 1414 East 27th

*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.

19 PLACE OF BURIAL OR REMOVAL St. Mary DATE OF BURIAL Dec 3 1915

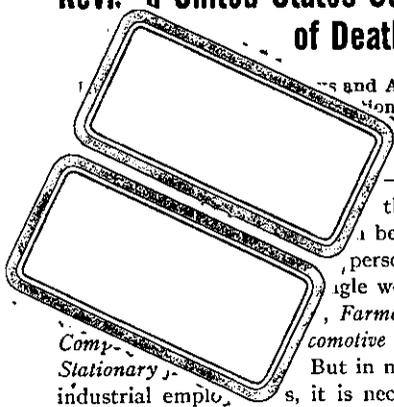
20 UNDERTAKER Dean Howard ADDRESS 331 North 1st St

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.

quality all diseases resulting from childbirth or miscarriage as the cause. Always

specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged*

Revised United States Standard Certificate of Death



and American Public Health

Comp-
Stationary

—Precise statement of that the relative health be known. The question person, irrespective of age, single word or term on the first, *Farmer or Planter, Physician, locomotive engineer, Civil engineer,* But in many cases, especially in industrial employes, 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) *Colton 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.)