

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

1 PLACE OF DEATH

County Jackson  
Township Sau  
or  
Village  
or  
City Kansas City Mo. (NO. 2220 Quincy St. Ward)

Registration District No. 899  
Primary Registration District No. 1002

File No. 6729  
Registered No. 307

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

2 FULL NAME Isaac Smith McPherson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE Wh. 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Married  
6 DATE OF BIRTH Nov 7 1848  
(Month) (Day) (Year)  
7 AGE 22 yrs. 3 mos. 21 ds. If LESS than 1 day... hrs. or... min.?

16 DATE OF DEATH Feb. 27 1916  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I attended deceased from Feb 27 1916 to Feb 27 1916  
that I last saw him alive on Feb 27 1916  
and that death occurred, on the date stated above, at 105 P.M.

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

The CAUSE OF DEATH\* was as follows:  
Acute Fatty Degeneration of the Heart  
93C  
97  
(Duration) 12 yrs. 2 mos. 2 ds.

9 BIRTHPLACE (City or town, State or foreign country) Canada  
10 NAME OF FATHER Wm McPherson  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown  
12 MAIDEN NAME OF MOTHER Abigail  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

CONTRIBUTORY (Secondary) Arterio Sclerosis  
(Duration) 12 yrs. 2 mos. 2 ds.  
(Signed) Will W Saus M. D.  
Feb 28 1916 (Address) 2001 Lawn Av

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ellen McPherson  
(Address) 2220 Quincy

\*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 11 yrs. 2 mos. 2 ds. In the 28 State Mo. yrs. 2 mos. 2 ds.  
Where was disease contracted if not at place of death?  
Former or usual residence.

15 Paul Quinn  
Registrar

19 PLACE OF BURIAL OR REMOVAL-- Calverwood DATE OF BURIAL Feb 29 1916  
20 UNDERTAKER Mrs C L Foster ADDRESS 918 Broadway

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.

Filed FEB 25 1916

# 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 to be asked of each and every person, irrespective of age, is: What occupation, or occupations, has he followed in his life? In many occupations a single word or term on the first statement will be sufficient, e. g., *Farmer or Planter, Physician, Teacher, Editor, Architect, Locomotive engineer, Civil engineer, Railway fireman*, etc. But in many cases, especially in unusual or special employments, it is necessary to know (a) the nature of the 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 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.)