

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.

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

PLACE OF DEATH
County Jackson
Township New or _____ Registration District No. 399 File No. 14473
Village _____ or _____ Primary Registration District No. 100 Registered No. 1070
City Kansas City (NO. St. Anthony's Home St. _____ Ward _____)
FULL NAME John Street
(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH January, 27th, 1916
(Month) (Day) (Year)

AGE — yrs. 2 mos. 10 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) Kansas City, Mo.

PARENTS
NAME OF FATHER Harry Benjamin
BIRTHPLACE OF FATHER England
MAIDEN NAME OF MOTHER Jennie Street
BIRTHPLACE OF MOTHER Tex. N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Agatha
(ADDRESS) St. Anthony's Home

Filed APR 27 1916 Paul Wagner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April, 6th, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 20, 1916, to Apr 6, 1916, that I last saw him alive on Apr. 6, 1916, and that death occurred, on the date stated above, at 3:28 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus

158

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Unknown
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) R. B. Williams M. D.
4-7-1916 (Address) 3312 E 25th St

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. 1 mos. 28 ds. State — yrs. 2 mos. 10 ds.

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

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL St. Marys DATE OF BURIAL April 9, 1916

UNDERTAKER John W. Wagner ADDRESS 4109 Grand Ave

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*, *Form 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.)

1 PLACE OF DEATH

County Registration District No. 399 File No.
 or
 Village Primary Registration District No. 1003 Registered No. 1379
 or
 City Kansas City NO. H. Anthony Home (Ward)

2 FULL NAME

John Street

[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 W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S
 6 DATE OF BIRTH 1 191
 (Month) (Day) (Year)
 7 AGE yrs. mos. ds. If LESS than 1 day, hrs. or min.?
 8 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry business, or establishment in which employed ((or employer)
 9 BIRTHPLACE
 (City or town, State or foreign country)

PARENTS
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant)
 (Address)

15 Filed 4/7 1916 Paul Paquin Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 191 6
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from 191 to 191
 that I last saw him alive on 191
 and that death occurred, on the date stated above, at m.
 The CAUSE OF DEATH* was as follows:

151
Meningitis
 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown
Probably congenital weakness
 (Duration) yrs. mos. ds.
 (Signed) Dr. J. H. Williams
4/7 1916 (Address) 3312 E 25 St

*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 20 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 4-8 1916
 20 UNDERTAKER J. W. Wagner ADDRESS 1409 Grand

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SUPPLEMENTARY INFORMATION
 City information supplied in original file

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

37471

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