

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

1 PLACE OF DEATH

County *Jackson*  
Township *Lawn*  
or  
Village  
or  
City *Kansas City*

Registration District No. *894*

File No. *14561*

Primary Registration District No. *100*

Registered No. *100*

(NO. *306 Homes*)

St. Ward

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

2 FULL NAME *Ada Paralle Pope*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *Col* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Single*  
(Write the word)

16 DATE OF DEATH *4-12-1916*  
(Month) (Day) (Year)

6 DATE OF BIRTH *Oct 18 1897*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that attended deceased from *3-31 1916*, to *4-12-1916*  
that I last saw her alive on *4-12-1916*  
and that death occurred, on the date stated above, at *4 p.m.*

7 AGE *19* yrs. *6* mos. *6* 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 *Domestic*  
(b) General nature of industry business, or establishment in which employed (or employer)

*Acute Interstitial Nephritis 129*  
(Duration) *x* yrs. *1* mos. *9* ds.

9 BIRTHPLACE  
(City or town, State or foreign country) *Ks*

CONTRIBUTORY (Secondary)  
*8* (Duration) *8* yrs. *6* mos. *6* ds.  
(Signed) *P. J. Henderson* M. D.  
*4-13 1916* (Address) *902 1/2*

PARENTS  
10 NAME OF FATHER *Thomas Pope*  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Ks*  
12 MAIDEN NAME OF MOTHER *Katie Gilmore*  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Unknown*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Tom Pope*  
(Address) *306 Homes*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death *8* yrs. *6* mos. *6* ds. In the State *8* yrs. *6* mos. *6* ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

15 Filed *APR 13 1916* *Paul Papineau* Registrar

19 PLACE OF BURIAL OR REMOVAL *Wendover* DATE OF BURIAL *April 16 1916*  
20 UNDERTAKER *Washburn* ADDRESS *131 1/2 N. 6*

# Revised United States Standard Certificate of Death

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

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.

STATE OF

DEATH

If death occurred in hospital or in institution, give its NAME and street and number.

DEATH

191 (Day)

attended deceased

19

18

above, at

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.

20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
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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

of "Croup"; *Typhoid fever* (never report "Typhoid pneumonia"); *Cerebrospinal meningitis*; *Typhoid fever* (never report "Typhoid pneumonia"); *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), 9 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as *Asthenia*, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Constitutional," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Chorea," "Hysteria," "Weakness," etc., when a

mos.	mos.	From Violent Cause, Suicidal or Homicidal or from other situation, Trauma	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
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JURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by highway 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., *hemiparesis; 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.)

Year	Month	Day	Hour	Minute	Second
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