

PLACE OF DEATH

County JacksonTownship Russ

Village _____

City Kansas City (NO. 30 28 Mathews St. 1002 Ward _____)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 399File No. 14609

Primary Registration District No. _____

Registered No. _____

FULL NAME Sarah Catherine Clarke

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED Married
WIDOWED
OR DIVORCED
(If write the word)DATE OF BIRTH May 26, 1846
(Month) (Day) (Year)AGE 69 yrs. 10 mos. 21 ds. If LESS than
1 day, ____ hrs.
or ____ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE
(City or town, State or foreign country) OhioPARENTS NAME OF FATHER Jonas HarnigerBIRTHPLACE OF FATHER Penn.MAIDEN NAME OF MOTHER Elizabeth MarshallBIRTHPLACE OF MOTHER Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ida Clarke(ADDRESS) 30 28 MathewsFiled APR 20 1916 Paul Apstein
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 17, 1916
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from April 13, 1916, to April 17, 1916, that I last saw her alive on April 17, 1916, and that death occurred, on the date stated above, at 9:35 P. M.The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
1869
1901 B
1912
(Duration) yrs. mos. 4 ds.Contributory Fracture of left hip
(SECONDARY) accidental fall on porch yrs. mos. 18 ds.(Signed) J. B. Coleman M. D.
April 18, 1916 (Address) 3105 E 18th

*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. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

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

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mt St. Mary Cem. DATE OF BURIAL Apr 20, 1916UNDERTAKER Daniels Bros. ADDRESS 644 Kansas

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.

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 is to each and every person, irrespective of age. In many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Visitor, Architect, Locomotive engineer, Civil engineer, Railway fireman*, etc. But in many cases especially in retail employments, it is necessary to know (a) the nature of work and also (b) the nature of the business or industry, and therefore an additional line is provided for further statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Store; (a) Foreman, (b) Automobile factory.* The additional line may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Worker," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household but not paid *Housekeepers* who receive a definite salary, should be entered as *Housewife, Housework, or At home*, and women not gainfully employed, as *At school or At home*. Men should be taken to report specifically the occupations in which they are 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: *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 reference to time and causation), using always the same definite term for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, Pleurisy, 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.)

epidemic cerebrospinal meningitis; diphtheria (avoid use of "Croup"); Typhoid fever (never report