

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

1 PLACE OF DEATH

County Jackson  
Township Glau  
Village Kansas City  
or (NO. 1639 Summit St.)

Registration District No. 809  
Primary Registration District No. 1002

File No. 28007  
Registered No. 043

2 FULL NAME William H. Stewart

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 COLOR OR RACE White  
5 SINGLE MARRIED WIDOWED OF DIVORCED married  
(Write the word)

6 DATE OF BIRTH Oct 16 1945  
(Month) (Day) (Year)

7 AGE 70 yrs 10 mos. 12 ds.  
If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Butcher 46  
(b) General nature of industry, business, or establishment in which employed (or employer) 17 1/2

9 BIRTHPLACE (City or town, State or foreign country) New Jersey

PARENTS  
10 NAME OF FATHER Joshua A. Stewart  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Centerville  
12 MAIDEN NAME OF MOTHER Margaret Smith  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pennsylvania

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Margaret Smith  
(Address) 1639 Summit

15 Thos. H. Miller  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 16 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 22 1916 to Aug 16 1916, that I last saw him alive on Aug 16 1916, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH\* was as follows:  
Cancer of liver & Pancreas

CONTRIBUTORY (Secondary) Chronic Gastric Catarrh with inflammation of liver  
(Duration) one yrs. one mos. one ds.  
(Signed) H. B. Curtis M. D.  
(Address) 417 Ridge St.

18 (1) Nature of Disease Causing Death, or, in deaths from Violent Causes, state (1) Nature of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
Chronic Gastric Catarrh with inflammation of liver

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Race or Residents)  
17 1/2 yrs. 10 mos. 12 ds. In the State.....yrs.....mos.....ds.  
Where was disease contracted? at place of death?  
Former or Present residence at residence

19 PLACE OF BURIAL OR REMOVAL Mount Hope DATE OF BURIAL Aug 17 1916

20 UNDERTAKER Daniel B. Bree ADDRESS 644 Kansas Ave

Filed AUG 1 1916

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

# Revised United States Standard Certificate of Death

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

2329  
417  
B.C.  
Ridge Blk

H. P. Leavitt  
Ridge Blk

**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; 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, 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.)