

PLACE OF DEATH.

County BartonTownship CentralCity SmithsNo. _____ street _____ ward. No. 8Full Name Sara Catherine Schmalhorst44
5060
Missouri
STATE OF ~~KANSAS~~
STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.30370
STANDARD CERTIFICATE OF DEATHRegistered
of institution, give its NAME instead
of street and number.]

PERSONAL AND STATISTICAL PARTICULARS.

3 Sex. <u>Female</u>	4 Color or Race. <u>White</u>	5 Single, Married, Widowed, or Divorced. <u>Widow</u> (Write the word.)
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6 Date of Birth. Aug 6 1837
(Month) (Day) (Year)7 Age. 79 yrs. 30 mos. 30 ds. or _____ min.
If LESS than 1 day, _____ hrs.8 Occupation.
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)9 Birthplace. Perry Co Mo
(State or country)10 Name of Father. C. Denard11 Birthplace of Father. Perry Co. Mo
(State or country)12 Maiden name of Mother. Pascilla Conrad13 Birthplace of Mother. Lisay Co Mo
(State or country)14 The above is true to the best of my knowledge.
(Informant) Jas B Smith
(Address) Liberal Mo.15 Filed 9-7-1916 H. E. Locker
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16 Date of Death. Sept 5 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept. 5 - 1916, to Sept. 5 - 1916, that I last saw her alive on Sept. 5 - 1916, and that death occurred on the date stated above, at 145 A.M.The CAUSE OF DEATH* was as follows:
Epilepsy
(Duration) 7 yrs. _____ mos. _____ ds.Contributory. (Secondary.) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. E. Locker M. D.
19-7-1916 (Address) Smiths Mo.

* 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 _____ 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. Barton City, Mo. Date of Burial. 9-10-191620 Undertaker. W. D. Kouantz & Son Address. Creasia, Kan.

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. See instructions on back of certificate.

Revised United States Standard Certificate of Death.

[Approved by United States 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*, *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, peritonæum, 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Defecity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Ignition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septichæmia*," "*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.)