

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

1 PLACE OF DEATH

County Jackson
Township Leaw
or
Village
or
City Kansas City (NO. General West St. Ward)

Registration District No. 899
Primary Registration District No. 1002

File No. 37536

Registered No. 3628

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

2 FULL NAME Daniel Cameron

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED Don't Know WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Don't Know 1875 (Month) (Day) (Year)

7 AGE about 41 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Fruit Dealer (b) General nature of industry business or establishment in which employed (or employer) Commission Co

9 BIRTHPLACE (City or town, State or foreign country) Connecticut

PARENTS 10 NAME OF FATHER Don't Know 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't Know 12 MAIDEN NAME OF MOTHER Don't Know 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) G.D. Webb (Address) 3024 Troost

15 Filed NOV 2 1916 1916 Thos. F. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 29 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ascorosis to 1916, that I last saw h..... alive on 1916, and that death occurred, on the date stated above, at 11:10 p.m. The CAUSE OF DEATH* was as follows:

Ascorosis
No history
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) Fred Morrison M. D. 4/29/16 (Address) 324 Troost

*State the Disease Causing Death, or, in cases 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) 2 hrs In the State yrs. mos. ds. At place of death yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence Miami Florida

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL Nov 1 1916 20 UNDERTAKER Carroll Davidson and Co ADDRESS 3024 Troost

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.

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, 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 each statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement; however return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day arm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework*, or *At home*, and not gainfully employed, as *At school* or *At home*. For 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); *Tuberculous meningitis, peritonaeum*; etc., *Carcinoma*, etc. (name origin; "Cancer" is less

use of "Tumor" for malignant neoplasms); *Whooping cough; Chronic valvular heart disease; 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.* report mere symptoms or terminal conditions, "Atrophy," "Asthenia," "Anaemia" (merely symptomatic), "Ataxia," "Collapse," "Coma," "Convulsions," "Debility," "Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc., definite disease can be ascertained as the cause. Qualify all diseases resulting from childbirth or carriage, as "PUERPERAL septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MAJOR INJURY and qualify as ACCIDENTAL, SUICIDAL, or MALDIRECTION, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—Poisoned by carbolic acid—probably suicide*. The Name of the injury, as fracture of skull, and consequent *sepsis, tetanus*) may be stated under the heading of contributory." (Recommendations on statement of death approved by Committee on Nomenclature of the American Medical Association.)