

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

899 CERTIFICATE OF DEATH

41204

1 PLACE OF DEATH  
County Jackson  
Township Low or Village KC Mo or City KC Mo (NO. 1570 E 17 St.: Ward) Registration District No. 7092 Primary Registration District No. 209 Registered No. 209

2 FULL NAME Mrs Lottie Jones

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

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE Negro 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH UNKNOWN (Month) (Day) (Year)

7 AGE about 44 yrs. mos. ds. If LESS than 1 day.....hrs. or.....min.?

16 DATE OF DEATH Dec 20 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 12-17 1916 to 12-20 1916, that I last saw her alive on 12-20 1916 and that death occurred, on the date stated above, at 830 p.m.

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work Laundress (b) General nature of industry business, or establishment in which employed (or employer) 693 Wessia 120

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 132 (Duration) yrs. mos. ds. 6.7 ds.

CONTRIBUTORY (Secondary) Chronic interstitial nephritis (Duration) yrs. mos. ds. 5 yrs. mos. ds.

(Signed) T. C. Vinbanks, M. D. Dec 23, 1916 (Address) Old City Mo

PARENTS 10 NAME OF FATHER Alex Gray 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo 12 MAIDEN NAME OF MOTHER Unknown 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

\*State the Disease Causing Death, or, in death 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 10 yrs. mos. ds. In the State 4 yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Oliver Gray (Address) 150 E 17 St

19 PLACE OF BURIAL OR REMOVAL Highland Cem DATE OF BURIAL Dec 24 1916

15 Filed DEC 25 1916 1916 Registrar Thos. J. Miller

20 UNDERTAKER K. C. Wood Co ADDRESS 703 1/2 S. 1st

# 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 the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton 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," "Marasia; Bronchoage," "Shock," "Uræmia," "Weakness," etc. indefinite); definite disease can be ascertained as the cause, name, qualify all diseases resulting from childbirth..... (name carriage, as "PUERPERAL septicaemia," "of "Tumor 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.)

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