

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

1 PLACE OF DEATH

County

Jackson

Township

Kansas

Registration District No.

899

File No.

1175

Village

Kansas City

Primary Registration District No.

1002

Registered No.

City

Kansas City

(NO. *1820* *Agnes* St. Ward)

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

2 FULL NAME

Mary Burnett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *Dec 13 1916*
(Month) (Day) (Year)

7 AGE *18* If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE
(City or town, State or foreign country) *K.C. Mo.*

PARENTS
10 NAME OF FATHER *Will Burnett*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Mo.*
12 MAIDEN NAME OF MOTHER *William Randall*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Kansas*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *E. H. Smith*
(Address) *2413 E 13th*

15 Filed *Jan 1 1917* *1917*
Registrar *Thos F. Miller*

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH *Jan 1 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan 1 1917* to *Jan 1 1917* that I last saw him alive on *Jan 1 1917* and that death occurred, on the date stated above, at *9:45* m.

The CAUSE OF DEATH* was as follows:
Constriction of lungs
9th
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Malnutrition*
(Signed) *F. H. Culshaw* M. D.
Jan 1st 1917 (Address) *3105 - E. 13th*

*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 *Greenwood* DATE OF BURIAL *Jan 2 1917*

20 UNDERTAKER *Edwards* ADDRESS *2413 E 13th*

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Revised United States Standard Certificate of Death

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

[Association]

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("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*;

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-

fruits can be known. The question of the occupation of every person, irrespective of age, should be stated by a single word or term on the first line. For example, *Farmer or Planter, Physician, Locomotive engineer, Civil engineer,*

But in many cases, especially in those of children, it is necessary to know (a) the nature of the business or occupation, and (b) the nature of the business or occupation. If an additional line is provided for the purpose, it should be used only when needed.

Examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. The information may form part of the second statement of occupation, as "Laborer," "Foreman," "Manager,"

or more precise specification, as *Day laborer*—*Coal mine*, etc. Women engaged in the duties of the household

keepers who receive a definite salary), as *Housewife, Housework, or At home*, and those who are employed, as *At school* or *At home*.

It is recommended to report specifically the occupations of those engaged in domestic service for wages, as *Servant*, etc. If the occupation has been reported on account of the DISEASE CAUSING

the death at beginning of illness. If that fact may be indicated thus:

(s.) For persons who have no occupation, write *None*.

Cause of death.—Name, first, the primary affection with recollection of causation, using always the same name 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.,

..... (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 symptoms); "*Collapse*," "*Coma*," "*Convulsions*," "*Genital*," "*Senile*," etc.), "*Dropsy*," "*Explosive failure*," "*Haemorrhage*," "*Inanition*," "*Shock*," "*Uraemia*," "*Weakness*,"

definite disease can be ascertained as the cause of death, qualify all diseases resulting from childbirth or carriage, as "*PUERPERAL septicaemia*," "*peritonitis*," etc. State cause for which surgical

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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