

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Jackson*

Township *JCU*

Village *Kansas City*

City *1706 Guinotte*

Registration District No. *399*

Primary Registration District No. *1002*

File No. *221500*

Registered No.

(No. *1706 Guinotte* St. *Ward*)

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

2 FULL NAME *Willis Fisher*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *m* 4 COLOR OR RACE *negro* 5 SINGLE MARRIED WIDOWED OR DIVORCED (*Child*)

6 DATE OF BIRTH *Unknown* 1899 (Month) (Day) (Year)

7 AGE *Child* 17 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *none* (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Missouri*

10 NAME OF FATHER *Will Fisher*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Missouri*

12 MAIDEN NAME OF MOTHER *S. prater*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Missouri*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *S. Davis*

(Address) *1706 Guinotte*

15 *Geo C Piskin*

Filed JAN 21 1917 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 17* 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *10:30* to *11:00* that I last saw *deceased* alive on *Jan 17* 1917 and that death occurred, on the date stated above, at *9:48* m.

The CAUSE OF DEATH* was as follows: *Subsion of hip*

CONTRIBUTORY *Paralysis of lower parts* (Secondary)

(Signed) *J. S. Smith M.D.* (Address) *1217 Park* 1917

*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 *Highland Cemetery* DATE OF BURIAL *Jan 21* 1917

20 UNDERTAKER *H. E. Arnold Co* ADDRESS *10312 Independence Ave*

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

FROM

STATE BOARD OF HEALTH

Bureau of Vital Statistics

JEFFERSON CITY, MISSOURI

ates Standard Certificate of Death

nsus and American Public Health Association]

ation.—Precise statement of oc- tant, so that the relative health- its can be known. The question very person, irrespective of age. single word or term on the first g., Farmer or Planter, Physician, ocomotive engineer, Civil engineer, But in many cases, especially in it is necessary to know (a) the (b) the nature of the business or an additional line is provided for should be used only when needed. er, (b) Cotton mill; (a) Salesman, an, (b) Automobile factory. The y form part of the second state- laborer," "Foreman," "Manager," more precise specification, as Day Laborer—Coal mine, etc. Women ged in the duties of the household pers who receive a definite salary), sewife, Housework, or At home, and employed, as At school or At home. a report specifically the occupations

ngaged in domestic service for wages, as Serv- ousemaid, etc. If the occupation has been given up on account of the DISEASE CAUSING e occupation at beginning of illness. If re- business, that fact may be indicated thus: red, 6 yrs.) For persons who have no occu- ever, write None.

ent of cause of death.—Name, first, the USING DEATH (the primary affection with re- ne and causation), using always the same m for the same disease. Examples: Cere- er (the only definite synonym is "Epidemic I meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid pneu- bar pneumonia; Bronchopneumonia ("Pneu- qualified, is indefinite); Tuberculosis of lungs, ritionaeum, 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 im- portant. 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" ("Con- genital," "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 mis- carriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMI- CIDAL, 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 "Con- tributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

(E)

Missouri