

under 3731 & 15-11
 1230

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 889 5739

1 PLACE OF DEATH
 County Jackson
 Township Kaw
 or
 Village
 or
 City 126 mo

Registration District No. 1826 Norton
 Primary Registration District No.
 Registered No. 15
 St. 15 Ward

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

2 FULL NAME Charles Cious Hays

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wht 5 SINGLE Widower
 MARRIED OR DIVORCED
 (Write the word)
 6 DATE OF BIRTH May 11 1848
 (Month) (Day) (Year)
 7 AGE 76 yrs. 8 mos. 17 ds.
 If LESS than 1 day... hrs. or... min.?

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

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

PARENTS
 10 NAME OF FATHER Pat Hays
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) not known
 12 MAIDEN NAME OF MOTHER UNKNOWN
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) UNKNOWN

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J P Hays
1826 Norton
 (Address)

15 FEB - 3 1917
 Filed..... 1917 Geo. P. Ripken
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 2 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 9 1917 to Feb 27 1917
 that I last saw him alive on Feb 2 1917
 and that death occurred, on the date stated above, at 8:40 p.m.

The CAUSE OF DEATH* was as follows:
46E
Causes of Liver
 (Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)
40
 (Signed) J. P. Truelle M. D.
Feb 3 1917 (Address) 1505 Myrtle Ave

*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. 1826 Norton ave

19 PLACE OF BURIAL OR REMOVAL St Marys Cem DATE OF BURIAL 2-5-1917

20 UNDERTAKER J. F. O'Donnell & Co ADDRESS 1109 Broadway

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 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, 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 "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "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 miscarriage, as "PUERPERAL septicaemia," "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.)