

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
CERTIFICATE OF DEATH**

5838 647

1 PLACE OF DEATH
 County Jackson
 Township Osceola or Village Kansas, Mo. or City Kansas, Mo. (NO. Old City Hospital St. St. Ward Ward)
 Registration District No. _____ File No. _____
 Primary Registration District No. _____ Registered No. _____
 2 FULL NAME Jim Jackson

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE negro 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married
 6 DATE OF BIRTH UNKNOWN 1. _____ (Month) _____ (Day) _____ (Year)
 7 AGE 50 If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work Labor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 9 BIRTHPLACE (City or town, State or foreign country) Mo
 10 NAME OF FATHER Unknown
 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) Unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Febry 8 1917
 (Month) _____ (Day) _____ (Year) _____
 17 I HEREBY CERTIFY, that I attended deceased from Janry 19, 1917 to Febry 8, 1917
 that I last saw in alive on Febry 8, 1917
 and that death occurred, on the date stated above, at 3:40 A. m.
 The CAUSE OF DEATH* was as follows:

Mitral Insufficiency
 (Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
 (Signed) J. P. McWhorter M. D.
Feb 8, 1917 (Address) Old City Hosp.

*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. 20 ds. In the State _____ yrs. _____ mos. _____ ds. 36
 Where was disease contracted if not at place of death? 1676 E 2nd St.
 Former or usual residence: 1676 E. 2nd St.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs Lizzie Rippen
 (Address) 2600 1/2 Street
 15 FEB -3 1917
 Filed _____ 1917
Jes Rippen
 Registrar

19 PLACE OF BURIAL OR REMOVAL Highland DATE OF BURIAL Feb 10, 1917
 20 UNDERTAKER McC. Hudco ADDRESS 1031 Ind

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, peritonacum, 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," "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.)