

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

308 5999

1 PLACE OF DEATH

County Jackson
Township Jacks
or Village Jacks
or City Kansas City (NO. 20, C. 13, Pop-
Frank D. Travis)

Registration District No. _____
File No. _____
Primary Registration District No. _____
Registered No. _____
St. _____ Ward _____

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>April 16 1883</u> (Month) (Day) (Year)		
7 AGE <u>33</u> yrs. <u>9</u> mos. <u>29</u> ds.		IF LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Elevator Man</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Kansas</u>		
PARENTS	10 NAME OF FATHER <u>John Graves</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kansas</u>	
	12 MAIDEN NAME OF MOTHER <u>Jane (?)</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Feb 18 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 25 1916 to Feb 18 1917
that I last saw him alive on July 11 1916
and that death occurred, on the date stated above, at 11:00 p.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
2 3 2 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
2 2 2 (Duration) yrs. mos. ds.

(Signed) Sydney Sherry M. D.
2-20-17 (Address) 626 Wash up Bldg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) McIntire Hospital
(Address) by Mary Garner

15 FEB 19 1917
Filed _____ 1917 Res. P. Upken Registrar

*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. 804 E. N Boulevard

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Mount Auburn Co. Feb 20 1917

20 UNDERTAKER ADDRESS
Donald Bus 644 Kansas

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 definition, as *Day laborer*, *Farm laborer*, *Laborer—mine*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewives* who receive a definite salary), may be entered *Housewife*, *Housework*, or *At home*, and children, gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations of persons engaged in domestic service for the household, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at the beginning of illness. If retired from business, that may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, return *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," "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.)