

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

1 PLACE OF DEATH

County Jackson
Township Faw
or
Village
or
City Kansas City (NO. 3132 Brooklyn St. Ward)

Registration District No. 391 File No. 35001
Primary Registration District No. 100 Registered No. 3920

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

2 FULL NAME Mary Alexander Broadus

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(If wife the word)

6 DATE OF BIRTH Feb 27 1862
(Month) (Day) (Year)

7 AGE 55 yrs 7 mos 7 ds. If LESS than 1 day...hrs. or...min.?

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

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

10 NAME OF FATHER ? Alexander

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) Not known

12 MAIDEN NAME OF MOTHER

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. Broadus Jr
(Address) 3132 Brooklyn Ave.

15 Filed OCT - 4 1917 Ada Thomas Registrar

3 MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Oct 4 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 5 1917 to Oct 4 1917, that I last saw h. or alive on Oct 4 1917, and that death occurred, on the date stated above, at 9:50 a.m.

The CAUSE OF DEATH* was as follows:
sarcoma of broad ligament

(Duration) 6 yrs. 6 mos. 0 ds.

CONTRIBUTORY operation & fecal fistula
(Secondary) (Duration) 3 yrs. 0 mos. 0 ds.

1 (Signed) L. J. May M. D. (Address) 202 E. 12th St. Okla.

*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 3132 Brooklyn

19 PLACE OF BURIAL OR REMOVAL Chillicothe Mo. DATE OF BURIAL Oct 5 1917

20 UNDERTAKER Wise & Cassidy ADDRESS 15 1/2 Brooklyn

ised 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 health-ness of various pursuits can be known. The question-ness to each and every person, irrespective of age, many occupations a single word or term on the first will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Visitor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Maritime fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the nature of work and also (b) the nature of the business or industry, and therefore an additional line is provided for fuller statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Iron-ore*; (a) *Foreman*, (b) *Automobile factory*. The occupation 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*, *peritonaeum*, 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.)