

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

1149

1 PLACE OF DEATH

County Jackson
Township Osage
Village
or
City Hans City, Mo.

Registration District No. _____ File No. _____
Primary Registration District No. _____ Registered No. _____
(No. 3236 Summit Ward)

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

2 FULL NAME Nathional Robert Wall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH Aug 26 1879
(Month) (Day) (Year)

7 AGE 38 yrs. 4 mos. 7 ds. IF LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Salesman (meat)
(b) General nature of industry business or establishment in which employed (or employer) Swift Co

9 BIRTHPLACE (City or town, State or foreign country) Delphos Kans

10 NAME OF FATHER James S. Wall
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
12 MAIDEN NAME OF MOTHER Bridget Hodges
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Kathryn Wall
(Address) 3236 Summit St KCMo

15 Filed 1918 Registrar Ed. Linnus

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 2 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 10 1917 to Jan 2 1918
that I last saw him alive on Jan 2 1918
and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
51C
109

(Duration) 3 yrs. 3 mos. 3 ds.
CONTRIBUTORY Adino-Barcousa
(Secondary) Prostatitis (Duration) 1 1/2 yrs. 10 mos. 10 ds.
(Signed) H. H. Kaus M. D.
1-2 1918 (Address) 822 Rialto Bldg

*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 Mt St. Marys Cem. DATE OF BURIAL Jan 5 1918

20 UNDERTAKER Daniel Bros ADDRESS 614 Kaus Ave

B-F CAUSE ed. Stat. statements OC. Jt. te. int.

Revised United States Standard Certificate of Death

[Adopted by the U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative importance 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 *Illness*, *Physician*, *Composer*, *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 purpose. This should be used only when needed.

As examples: (a) *Spinner*, (b) *Collon mill*; (a) *Salesman*, (b) *Store*; (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 mines*, 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 *At home*, *Self-employed*, or *At home*, and childrepro, not actually 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 child-birth 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.)