

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

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**

5396

1 PLACE OF DEATH
 County Jackson
 Township Raw Registration District No. _____ File No. _____
 or _____
 Village _____ Primary Registration District No. _____ Registered No. _____
 or _____
 City Kansas City (NO Lead Hospital St. _____ Ward) _____
2 FULL NAME Jno S. Whitehorn

(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** white **5 SINGLE MARRIED WIDOWED OR DIVORCED** single
(Write the word)

6 DATE OF BIRTH Dec 25 1872
(Month) (Day) (Year)

7 AGE 45 yrs. 2 mos. 2 ds. **IF LESS than 1 day** _____ hrs. or _____ min.?

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

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

PARENTS

10 NAME OF FATHER Elijah D. Whitehorn

11 BIRTHPLACE OF FATHER Indiana
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Susian Petch

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 11, 1918 to Feb 26, 1918
 that I last saw him alive on Feb 26, 1918
 and that death occurred, on the date stated above, at 6:20 P.M.

The CAUSE OF DEATH* was as follows:
Excess of Erysipelas (facial)
15 18
(Duration) yrs. mos. ds.

CONTRIBUTORY Small Pox
(Secondary)
15 days (Duration) yrs. mos. ds.
 (Signed) J. H. Acers M. D.
Feb 26, 1918 (Address) Lead Mo.

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mr J. Whitehorn
 (Address) Jeric's Eggs Mo.

15 Filed FEB 28 1918 Geo J. Jones Registrar

19 PLACE OF BURIAL OR REMOVAL Forest Hill **DATE OF BURIAL** 3-7 1918

20 UNDERTAKER Clyde Bros **ADDRESS** 1401 main st

Revised United States Standard Certificate of Death

Approved by the Secretary of Health and Public Health

Statement of occupation.—Precise statement of occupation is of importance, so that the relative healthfulness of various occupations may 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*, *Card maker*, *Statue maker*, *Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to specify the kind of work and also the nature of the branch of industry, and therefore the following has been provided for the latter statement.

As examples: (a) *Spinner*, *Mill on mill*; (a) *Salesman*, *Automobile factory*.

Part of the second statement: "Never," "Foreman,"

"Dying," etc. But more precise specification, as *Day laborer*, *General laborer*, *Laborer—*

General, etc. Women at home, who are engaged in the care of the household only (not paid *Housekeeper*, *Housewife*, etc.), may be entered

as *Housewife*, *At home*, and children, not actually employed, as *At school* or *At home*.

Children may be taken as reports of the occupation of the parent engaged in domestic service for

the household, as *Domestic aid*, etc. If the child is given up on account

of illness, state occupation at beginning of illness. If retired from business, that may be indicated thus: *Farmer (retired, 6 yrs.)*.

Persons who have no occupation whatever, would be

classified as *Unemployed*.

Statement of cause of death.—Name, first, the *cause*, using *primary* (the primary affection with respect to time and causation), using always the name accepted for the entire 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.)