

PLACE OF DEATH.

Missouri  
STATE OF KANSAS.

County Platte

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

Township Lee

STANDARD CERTIFICATE OF DEATH.

City ~~Stillings~~

No. street

Registered ward. No.

Full Name Lloyd Edward Moberly

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

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

Sex male Color or Race white Single, Married, Widowed, or Divorced. single (Write the word.)

Date of Death Feby 27th 1918 (Month) (Day) (Year)

Date of Birth Dont know (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feby 24 1918, to Feby 28 1918 that I last saw him alive on Feby 28 1918 and that death occurred on the date stated above, at 12:15 P.M. The CAUSE OF DEATH\* was as follows:

Age 5 yrs. 5 mos. ds. If LESS than 1 day, hrs. or min.

Occupation. (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer).

Inanition 200A 89 (since Birth) (Duration) yrs. mos. ds.

Birthplace. (State or country.) Gentry Co Mo

Contributory (Secondary) (Duration) yrs. mos. ds. (Signed) Stewart M. Lee M. D. Feby 28 1918 (Address) Leavenworth Kas

Name of Father. J. C. Moberly

Birthplace of Father. (State or country.) Holt Co Missouri

Maiden name of Mother. Marie Harvey

Birthplace of Mother. (State or country.) Platte County Mo

The above is true to the best of my knowledge. (Informant) J. C. Moberly (Address) Stillings Mo

\* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

Filed Feby 28 1918 Registrar

Place of Burial or Removal. Mt Muncie Cemetery Date of Burial. Feby 28th 1918

Undertaker. Address. Leavenworth KS

Every item of information shown on this form should be checked. If any item is not checked, the statement of OCCUPATION is very important. See instructions on back of certificate.

# 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, peritonæum*, 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "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—accidental*; *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.)