

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

1 PLACE OF DEATH
County Jackson
Township Kau
or
Village
or
City Kansas City (NO. Old General Hospital) (Ward)

Registration District No. 389 File No. 8996
Primary Registration District No. Registered No.

2 FULL NAME Orman Klay

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 Colored 5 SINGLE MARRIED WIDWOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Jan 22 1892
(Month) (Day) (Year)

7 AGE 26 yrs. 1 mos. 21 ds. If LESS than 1 day.....hrs. or.....min.?

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

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

PARENTS

10 NAME OF FATHER N. R. Klay

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

12 MAIDEN NAME OF MOTHER Betty Clay

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. M. Dykes M.D.
(Address) Old City Hosp.

15 MAILED Mar 12 1918
Filed Mar 12 1918
Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 12 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 10 1918 to March 12 1918, that I last saw him alive on Mar 12 1918 and that death occurred, on the date stated above, at 7:45 A.M.

The CAUSE OF DEATH* was as follows:
Bilateral Lobar Pneumonia
1918
(Duration) 92 yrs. 8 mos. 8 ds.

CONTRIBUTORY (Secondary) _____
(Signed) J. P. Matthews M. D.
Mar 12 1918 (Address) Old City Hosp.

*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 2 yrs. 2 mos. 2 ds. in the 2 State 2 yrs. 2 mos. 2 ds.

Where was disease contracted if not at place of death? Kansas City mo

Former or usual residence 1805 E 11th St

19 PLACE OF BURIAL OR REMOVAL Maple Hill DATE OF BURIAL 3/18 1918

20 UNDERTAKER [Signature] ADDRESS 2220 Vine

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*.

When taken to report specifically the occupation engaged in domestic service for *Ant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of **CAUSING DEATH**, state occupation at **DEATH**. If retired from business, that fact should be indicated thus: *Farmer (retired, 6 yrs.)*. Those who have no occupation whatever,

Statement of cause of death.—Name, first, last, and middle, USING DEATH (the primary affection 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 the 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," "Constrictions," "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.)