

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 9001

1 PLACE OF DEATH

County Jackson

Township Rau

or

Village

or

City Kansas City, Mo.

Registration District No. 399

Primary Registration District No. 1002

File No. 228

Registered No.

(NO. St Vincent Hosp St. Ward)

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

2 FULL NAME Dorsey Edward Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OF DIVORCED (Write the word) Single

6 DATE OF BIRTH 3 4 1918
(Month) (Day) (Year)

7 AGE 14 yrs. 10 mos. 14 ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER James Johnson

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

12 MAIDEN NAME OF MOTHER Martha Hardlan

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sister Regina
(Address) St. Vincent's Hospital

15 MAR 18 1919 Filed 18 1918 Edw. G. Wagner Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3-4-1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 3-4-1918 to 3-16-1918, that I last saw him alive on 3-16-1918, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Lobar
Pneumonia
900 (Duration) 9 yrs. 10 mos. 14 ds.

CONTRIBUTORY (Secondary) P.M. Perkins M. D.
(Signed) 3-18-1918 (Address) 308 E-10 St

*State the Disease Causing Death, or, in death 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 12 yrs. 12 mos. 12 ds. In the State 12 yrs. 12 mos. 12 ds.

Where was disease contracted if not at place of death? Kansas City, Mo.

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Mary's DATE OF BURIAL Mar 17 - 1918

20 UNDERTAKER Edw. G. Wagner ADDRESS 1209 E. Franklin

Revised United States Standard Certificate of Death

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

ent of occupation.—Precise statement of is very important, so that the relative ss of various pursuits can be known. The plies to each and every person, irrespec-

For many occupations a single word or first line will be sufficient, e. g., *Farmer* or *Physician*, *Composer*, *Architect*, *Locomotive vil engineer*, *Stationary fireman*, etc. But es, especially in industrial employments, ry to know (a) the kind of work and also re of the business or industry, and there- ditional line is provided for the latter it should be used only when needed.

s: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales- ocery*; (a) *Foreman*, (b) *Automobile factory*.

l worked on may form part of the second Never return "Laborer," "Foreman,"

"Dealer," etc., without more precise 1, as *Day laborer*, *Farm laborer*, *Laborer*—

etc. Women at home, who are engaged s of the household only (not paid *House- receive a definite salary*), may be entered e, *Housework*, or *At home*, and children, y employed, as *At school* or *At home*.

be taken to report specifically the occu- persons engaged in domestic service for *Servant*, *Cook*, *Housemaid*, etc. If the

has been changed or given up on account SE CAUSING DEATH, state occupation at illness. If retired from business, that

indicated thus: *Farmer (retired, 6 yrs.)* who have no occupation whatever

nt of cause of death.—Name, first,

CAUSING DEATH (the primary affection to time and causation), using always the d term for the same disease. Examples:

fever (the only definite synonym is erebrospinal meningitis"); *Diphtheria*

"Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho- pneumonia* ("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 rail- way 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.)