

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

1 PLACE OF DEATH

Jackson

County

Township *Scout*

Village

City **Kansas City, Mo.** (NO. **General Hospital** St. Ward)

Registration District No. **1008**

Primary Registration District No.

File No. **9113**

Registered No.

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

2 FULL NAME **Willard H. Place**

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH November 18th, 1907 (Month) (Day) (Year)

7 AGE 10 yrs. 4 mos. 3 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work **Schoolboy** (b) General nature of industry business, or establishment in which employed (or employer) **at home.**

9 BIRTHPLACE State of Washington (City or town, State or foreign country)

10 NAME OF FATHER J.A. Place
11 BIRTHPLACE OF FATHER Canada (City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Elsie Robinson
13 BIRTHPLACE OF MOTHER Nebraska (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE J.A. Place (Informant) 9th & Lydia, K.C. Mo. (Address)

15 Filed **MARCH 21 1918** Registrar *[Signature]*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 21st, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from **Deputy Coroner** that I last saw him alive on 191..... and that death occurred, on the date stated above, at **11/45 P.M.** The CAUSE OF DEATH* was as follows:

Automobile Traumatism
Multiple Fractures
accidental (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) *J. A. Swindler* M. D. 3 175 St. P. 1918 (Address) *D. Carson*

*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 Mound Grove **DATE OF BURIAL** March 21st, 1918

20 UNDERTAKER C. W. Carson Independence Mo.

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, 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.)

1 PLACE OF DEATH
Jackson

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

County

Township *New*

Registration District No. 399

File No. 7000-a

Village

Primary Registration District No. 1092

Registered No. 213

or Kansas City, Mo
City

(NO. General Hospital

St. Ward

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

2 FULL NAME Willard H. Place

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH March 21st, 1918
(Month) (Day) (Year)

6 DATE OF BIRTH November 18th, 1907
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from
Deputy Coroner 1918
that I last saw h. alive on 1918
and that death occurred, on the date stated above, at 5:17/45P m.

7 AGE 10 yrs. 4 mos. 8 ds.
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Autonchill Infection
Multiple Fractures
(Duration) yrs. mos. ds.

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

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) *J. S. Lindsey* M. D.
312 S. 8th (Address) *8th*

9 BIRTHPLACE (City or town, State or foreign country) Washington, State.

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

10 NAME OF FATHER J.A. Place
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Canada
12 MAIDEN NAME OF MOTHER Elsie Robinson
13 BIRTHPLACE OF MOTHER ~~Washington~~ Nebraska

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?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE J.A. Place
(Informant)
9th & Lydia Kansas City, Mo.
(Address)

Former or usual residence.....

1514V 2 1011
Filed MAR 24 1918
Registrar *W. J. ...*

19 PLACE OF BURIAL OR REMOVAL Mound Grove
DATE OF BURIAL March 25th, 1918

20 UNDERTAKER C. Carson Independence Mo.

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.

Revised United States Standard Certificate of Death

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

9113

Statement of occupation.—Precise statement of occupation is very important, so that the relative importance of various pursuits can be known. The statement should be made for each and every person, irrespective of sex or age, for many occupations a single word or short phrase on the first line will be sufficient, e. g., *Farmer* or *Merchant*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in some cases, especially in industrial employments, it may be necessary to know (a) the kind of work and also (b) the name of the business or industry, and therefore a second additional line is provided for the latter purpose. The following should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Department store*; (a) *Foreman*, (b) *Automobile factory*. Persons who have worked on may form part of the second line. Never return "Laborer," "Foreman," "Merchant," "Dealer," etc., without more precise information, as *Day laborer*, *Farm laborer*, *Laborer—unemployed*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housework* and do not receive a definite salary), may be entered as *Housework*, or *At home*, and children, if not actually employed, as *At school* or *At home*. Persons who can be taken to report specifically the occupation 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 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.)