

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

1 PLACE OF DEATH  
County Jackson  
Township Kaw or  
Village  
or City Kansas City, Mo. (NO. 302 3rd Ave) St. Ward  
Registration District No. 1008 File No. 9283  
Primary Registration District No. Registered No. 9283  
2 FULL NAME John Helm [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 Married WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Sept 30, 1847  
(Month) (Day) (Year)

7 AGE 70 yrs 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired 131 (b) General nature of industry business, or establishment in which employed (or employer) 131

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

PARENTS  
10 NAME OF FATHER Helm  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
12 MAIDEN NAME OF MOTHER Esslinger  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Wm F. Helm  
(Address) 3340 Park

15 FILED 1947 Registrar John W. Wagner

4 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 30, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from over an year 1918, to 3/30 1918 that I last saw him alive on Mar 30 1918 and that death occurred, on the date stated above, at 24 m.

The CAUSE OF DEATH\* was as follows:  
Uremia - following  
arterio-sclerosis - and  
Chronic Nephritis  
Survived 4 years 20 ds.

CONTRIBUTORY malnutrition  
(Secondary) Ordinary (Duration) yrs. mos. ds.

(Signed) J. W. Wagner  
(Address) 1207 Grand Ave

\*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 yrs. mos. ds. In the State 50 yrs. mos. ds.

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

19 PLACE OF BURIAL OR REMOVAL Wash DATE OF BURIAL 4/2 1918

20 UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

1-4 P.M.  
1203 Adelphi University

# 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, meningis, 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 contributor (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary)*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anasarca" (metely - anasarca), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestive"), "Edema," "Erysipelas," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Insanity," "Obstruction," "Shock," "Uraemia," "Wound," etc., unless a definite disease can be ascertained from the record. Always qualify all diseases starting from child-birth or miscarriage as "Puerperal," as "PUERPERAL pneumonia," etc. State cause for which surgical operations were performed. For VIOLENT DEATHS state cause of injury and qualify as ACCIDENTAL, SELF-KILLING, SUICIDE, or as probably such, if it is not known definitely. Examples: *Death by gunshot wound by railway train*; *Death by hanging*; *Death by head-homicide*; *Death by self-inflicted wound probably suicide*. The nature and location of fracture of skull, and character of injury, etc., may be stated under the heading "Cause of Injury" (Recommendation of the American Public Health Association, approved by the Council of the American Public Health Association, the American Medical Association, etc.).