

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**

17287

1 PLACE OF DEATH
 County Jackson
 Township Prairie
 or
 Village Jackson Co Home
 or
 City Jackson Co Home (NO. St. Ward)

Registration District No. 400 File No.
 Primary Registration District No. 55230 Registered No. 351

2 FULL NAME Bartley Kulis

[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 WIDOWED OR DIVORCED** Single
(Write the word)

6 DATE OF BIRTH Nov 5 1886
(Month) (Day) (Year)

7 AGE 57 yrs. 6 mos. 27 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS

10 NAME OF FATHER Wm Kulis

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

12 MAIDEN NAME OF MOTHER Lena Lyons

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. D. Woody
 (Address) Little Blue, Mo.

15
 Filed 5-27 1918 S. C. Williamson
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I deceased from Sept 15 1886 to May 27 1918
 that I last saw him alive on May 27 1918
 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:
Tabular Heart Disease
due to Syphilis
34
92 A (Duration) 37 yrs. mos. ds.

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

(Signed) George C. Hall M. D.
May 27 1918 (Address) Little Blue, Mo.

*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 yrs. mos. ds.
 Where was disease contracted if not at place of death?
 Former or usual residence K. Co Mo.

19 PLACE OF BURIAL OR REMOVAL J. C. Home **DATE OF BURIAL** May 27 1918

20 UNDERTAKER W. M. Hutchins **ADDRESS** Little Blue, 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*, *Composer*, *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, Carcinoma, Sarcoma*, etc., of..... (no 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 tercurrent) 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," "Old age"), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., which 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 of death if violent surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by way train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicidal*. 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 the Committee on Nomenclature of the American Medical Association.)