

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

**1 PLACE OF DEATH**

County Jackson  
Township Jackson  
or  
Village  
or  
City Kansas City (No. Hickman Mills St. Ward)

Registration District No. 403 File No. 17290

Primary Registration District No. 5637 Registered No. 12

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

**2 FULL NAME** Infant of Robert R Sears

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Fe 4 COLOR OR RACE Wh 5 SINGLE MARRIED WIDOWED OR DIVORCED Babe  
(Write the word)

6 DATE OF BIRTH May 5 1918  
(Month) (Day) (Year)

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

8 OCCUPATION (a) Trade, profession, or particular kind of work Not Any  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Hickman Mills

**PARENTS**  
10 NAME OF FATHER Robt R Sears  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa  
12 MAIDEN NAME OF MOTHER Etta Beard  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Robt R Sears  
(Address) Hickman Mills

15 Filed May 10 1918 Registrar S. M. Webb

**1 MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May 5 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 11:55 P  
that I last saw her alive on 11:55 P  
and that death occurred, on the date stated above, at 11:55 P

The CAUSE OF DEATH\* was as follows:  
Premature 6 1/2 months  
159  
151  
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.  
(Signed) J. D. Jackson M. D.  
May 6, 1918 (Address) 677 Cleveland

\*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 usual residence

19 PLACE OF BURIAL OR REMOVAL Palastine DATE OF BURIAL 5-6 1918

20 UNDERTAKER Mrs C L Justice ADDRESS 418 Broadway

REPRODUCTION OF THIS FORM IN ANY MANNER, 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.]

**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, meningitis*; *Carcinoma, Sarcoma*, etc., of... origin; "Cancer" is less definite; and for malignant neoplasms); *Measles*; *Chronic valvular heart disease; nephritis*, etc. The contributory (recurrent) affection need not be important. Example: *Measles (dis. 29 ds.; Bronchopneumonia* (i. Never report mere symptoms or such as "Asthenia," "Anaemia," "Atrophy," "Collapse," "Debility" ("Congenital Dropsy," "Exhaustion," "Hemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness" definite disease can be ascertained. Always qualify all diseases respecting birth or miscarriage, as "PUERPERAL peritonitis," etc. which surgical operation was VIOLENT DEATHS state MEANS OF AS ACCIDENTAL, SUICIDAL, OR probably such, if impossible to determine. Examples: *Accidental drowning, way train—accident; Revolver homicide; Poisoned by carbolic acid*. The nature of the injury, as far as 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.)

V S FORM XXX

FROM  
**BOARD OF HEALTH**

Bureau of Vital Statistics

SON CITY, . . . MO.