

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

1 PLACE OF DEATH

County Jackson
Township Raw
or
Village
or
City Kansas City

Registration District 300
Primary Registration District No. 1002
(NO. 1524 Kensington St., Ward)

File No. 23436
Registered No. 3517

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

2 FULL NAME

Wm. Henry Mc Cord.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 MARRIED married
(Write the word)

6 DATE OF BIRTH Nov. 3 1878
(Month) (Day) (Year)

7 AGE 44 yrs. 8 mos. ds.
If LESS than 1 day, hrs. or min.?

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

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

PARENTS
10 NAME OF FATHER Jos. Albert Mc Cord.
11 BIRTHPLACE OF FATHER Illinois
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Miss Melissa Stapleton
13 BIRTHPLACE OF MOTHER Mo.
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Lillie Cott.
(Address) 1524 Kensington Ave.

15 FILED JUL 27 1918
Ada Deane
Reg. Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 30 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 17, 1918, to July 30, 1918, that I last saw him alive on July 30, 1918, and that death occurred, on the date stated above, at 4:55 p.m.

The CAUSE OF DEATH* was as follows:
Heart disease
heart with calcification
of kidneys suffering
(Duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis
(Secondary) (Duration) yrs. mos. ds.
(Signed) William Thompson M. D.
July 31, 1918. (Address) 644 Luttrell St.

*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. da. In the State yrs. mos. da.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Edgewood Co. DATE OF BURIAL 8/1, 1918.

20 UNDERTAKER Eyles Bros. ADDRESS 1401 Main St.

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

Dr. Wm. Thompson of 644 Lehigh St. P. O. Box 609 E 9th St. H. P. 1292 M. 8960 M

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, 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.)