

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

1. PLACE OF DEATH

County Jackson
Township Kan
City Kan City

Registration District No. 104
Primary Registration District No. 103
(No. 15-16 Walnut)

File No. 34000
Registered No. 438701
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1576 Walnut St., _____ Ward _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 42

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer) day labor
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Agnes Harris 1576 Walnut

15. NOV 2 1918 Edw. Curran REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 1918

17. I HEREBY CERTIFY, That I attended deceased from Oct 30 1918, to Oct 31 1918, that I last saw him alive on Oct 30, 1918, and that death occurred, on the date stated above, at 7-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23 A (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Two years ago
IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 10-31-18

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS. usual symptoms
(Signed) C. P. Smith, M. D.
101 30, 1918 (Address) 1325 Grand Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Highland Nov 30 1918

20. UNDERTAKER ADDRESS Waters Bros 1729 Lydia

Revised United States Standard Certificate of Death.

U. S. Census and American Public Health
Association.]

of Occupation.—Precise statement of very important, so that the relative of various pursuits can be known. The ties to each and every person, irrespec- for many occupations a single word or st line will be sufficient, e. g., *Farmer or ician, Compositor, Architect, Locom- Civil engineer, Stationary fireman, etc.* cases, especially in industrial employ- necessary to know (a) the kind of work he nature of the business or industry, an additional line is provided for the nt; it should be used only when needed. (a) *Spinner, (b) Cotton mill; (a) Sales- ery; (a) Foreman, (b) Automobile fac- erial worked on may form part of the ent. Never return "Laborer," "Fore- iger," "Dealer," etc., without more ation, as Day laborer, Farm laborer, mine, etc. Women at home, who are duties of the household only (not paid who receive a definite salary), may be usewife, Housework or At home, and ainfully employed, as At school or. At hould be taken to report specifically us of persons engaged in domestic es, as Servant, Cook, Housemaid, etc. ion has been changed or given up on DISEASE CAUSING DEATH, state occu- nning of illness. If retired from busi- may be indicated thus: *Farmer (re- For persons who have no occupation e 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; Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth or miscarriage, as "PUERPERAL septicemia," "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 y rail- way 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.)

NOTE.—Individual offices may add to above list of undestrable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.