

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

1 PLACE OF DEATH

County Jackson Registration District No. 300 File No. 1002
Township Jean Primary Registration District No. 39751
Village Kansas City (NO 1007-Wyandotte St. Ward) Registered No. 39751
City Libbie M. Gay

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

2 FULL NAME

Libbie M. Gay

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH May 10th 1870
(Month) (Day) (Year)

7 AGE 47 yrs 4 mos 6 ds If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Atchison Kans

PARENTS

10 NAME OF FATHER Proper Jones

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

12 MAIDEN NAME OF MOTHER Sallie Graves

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 13th 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from Oct 15, 1918, to Nov 13, 1918, that I last saw her alive on Nov 13, 1918, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis

(Duration) 1 yrs 2 mos ds.

CONTRIBUTORY (Secondary) 1 yr 2 mos ds.

(Signed) W. J. Foye M. D. (Address) Riverside Park

*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 1 yr 2 mos ds. In the State 1 yr 2 mos ds.

Where was disease contracted if not at place of death? At place of death

Former or usual residence At place of death

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Noah Gay
(Address) 1007-Wyandotte

15 Filed Nov 20 1918 Ada Bruce Registrar

19 PLACE OF BURIAL OR REMOVAL Woodlawn Cem. DATE OF BURIAL 11/15, 1918

20 UNDERTAKER N. W. W. Hatcher ADDRESS K. C. Mo.

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.

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 lies to each and every person, irrespec-

For many occupations a single word or first line will be sufficient, e. g., *Farmer* or *sician*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But is, especially in industrial employments, y to know (a) the kind of work and also e of the business or industry, and there- tional line is provided for the latter t should be used only when needed.

(a) *Spinner*, (b) *Cotton mill*; (a) *Sales-ery*; (a) *Foreman*, (b) *Automobile factory*. worked on may form part of the second Never return "Laborer," "Foreman," "Dealer," etc., without more precise as *Day laborer*, *Farm laborer*, *Laborer*— c. Women at home, who are engaged of the household only (not paid *House-ceive* a definite salary), may be entered *Housework*, or *At home*, and children, employed, as *At school* or *At home*.

Care should be taken to report specifically the occupa- tions 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*; *Broncho- pneumonia* ("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 "Asthemia," "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 child- birth 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 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.)