

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

40001

PLACE OF DEATH
County Jackson
City K. C. Mo.
Registration District No. 1072
Primary Registration District No. 2834
Ward Tracy
FULL NAME Mrs. Jessie Taylor

File No. _____
Registered No. _____
Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE W.C. SINGLE MM MARRIED MM WIDOWED MM OR DIVORCED MM
DATE OF BIRTH Aug 22 1888
AGE 29 yrs. 3 mos. 14 ds. If LESS than 1 day, hrs. or min.?
OCCUPATION Housewife
BIRTHPLACE Ind
10 NAME OF FATHER Chas. Ragan
11 BIRTHPLACE OF FATHER Ind
12 MAIDEN NAME OF MOTHER Louise Fowler
13 BIRTHPLACE OF MOTHER Ind

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12/6 1918
17 I HEREBY CERTIFY, that I attended deceased from Nov. 28, 1918, to Dec 6, 1918, that I last saw her alive on Dec. 6th, 1918, and that death occurred, on the date stated above, at 1234 Q.
The CAUSE OF DEATH* was as follows:
Influenza
10
CONTRIBUTORY Pregnancy
(Signed) J. M. Lethian M. D.
Dec 7, 1918 (Address) 709 Lethian Bldg
*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 2 yrs. 10 mos. 10 ds. In the State 10 yrs. 10 mos. 10 ds.
Where was disease contracted if not at place of death _____
Former or usual residence Lyon Mississippi
19 PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL _____ 1918
20 UNDERTAKER Mrs. E. L.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas. Ragan
(Address) 2834 Tracy
Filed 1/7
Registrar J. M. Lethian

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 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, peritoneum*; *Carcinoma, Sarcoma*, etc., of..... 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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 septichæmia," "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 way train—accident*; *Revolver wound of the chest—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and its 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.)