

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

27827-13

1 PLACE OF DEATH

County Jackson
Township Kaw
Village _____
City Kansas City, Mo. (NO. 3856 Loetterden Ave. St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____

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

2 FULL NAME William Hickstrum

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH September 11, 1919
(Month) (Day) (Year)

7 AGE 20 yrs. 20 mos. 19 ds. IF LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry business or establishment in which employed (or employer) _____

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

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
12 MAIDEN NAME OF MOTHER Pearl Wickstrum
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. C. M. Jones
(Address) 15 West 31 St. City

15 Filed 11-3-1919 M. M. Crow Registrar
City

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 27 1919 to 9-30-19 1919
that I last saw him alive on Sept 27 1919
and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia

CONTRIBUTORY (Secondary) Premature Birth
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. J. [Signature] M. D.
Oct 1, 1919 (Address) 6024 Swape Parkway

*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 or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Highland Ph Cem DATE OF BURIAL Oct 4 1919

20 UNDERTAKER A. P. Doehler ADDRESS 1403 E 15

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

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

secondary), 10 ds.

terminal conditions,

(merely symptom-

Coma," "Convul-

"Senile," etc.),

st failure," "Haem-

mus," "Old age,"

ss," etc., when a

ined as the cause.

ulting from child-

ERAL septicaemia,"

State cause for

undertaken. For

INJURY and qualify

HOMICIDAL, or as

determine definitely.

ig; struck by rail-

wound of head—

id—probably suicide.

acture of skull, and

mus) 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.)

fact may be indicated thus: 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