

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

21001

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 2825
 Township Kent Primary Registration District No. 1002 Registered No. _____
 City Kansas City (No. 2636, Woodland) St. _____ Ward _____

2. FULL NAME John Gocho
 (a) Residence No. 2636 Woodland 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 male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the words) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22 - 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>5</u>	<u>9</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labored
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Isaac Gocho

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

12. MAIDEN NAME OF MOTHER Louisa Day

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

14. INFORMANT Lizzie Williams
 (Address) 2636 Woodland

15. FILED 7/3, 1922 M. M. Crome
 by _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1922

17. I HEREBY CERTIFY That I attended deceased from 5 to 19 22 1922 that I last saw him alive on 7 - 19 22 1922, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malaria

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT A PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. L. Lusk M. D.
7-3-1922 (Address) M. Lee Blag

*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 Salisbury - Mo. DATE OF BURIAL 7/4 1922
 ADDRESS 1729 Lydia
 20. UNDERTAKER Harkins Bros.

WRITE IN PLAIN TERMS---THIS IS A PERMANENT RECORD
 N. B.—Every item of information 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 question applies to each and every person, irrespective of age. For many occupations a single word or *Planter*, in the first line will be sufficient, e. g., *Farmer* or *tive Engineer, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in *inner, Civil Engineer, Stationary Fireman*, etc. employments, many cases, especially in industrial employment, and also necessary to know (a) the kind of work industry, and (b) the nature of the business or industry, for the latter an additional line is provided for the needed. A statement; it should be used only when needed. (a) *Salesman*: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman* (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the "Laborer," statement. Never return "Laborer," "Foreman" or "Manager," "Dealer," etc., without more *Farm labor* specification, as *Day laborer, Farm laborer, home, wife—Coal mine*, etc. Women at home, who are hold only in the duties of the household only (not paid definite *sewers* who receive a definite salary), may be *Housework* as *Housewife, Housework* or *At home*, and employed, a not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically persons occupations of persons engaged in domestic *Servant*, for wages, as *Servant, Cook, Housemaid*, etc. has been occupation has been changed or given up on DISEASE CAUSING DEATH, state occupation beginning of illness. If retired from business fact may be indicated thus: *Farmer (re- yrs.)*. For persons who have no occupation ever, write *None*.

Statement of Cause of Death.—Name, first, DISEASE CAUSING DEATH (the primary affection to time and causation), using always the 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* ("Epidemic cerebrospinal meningitis"); *Typhoid fever* (never report (avoid use of "Croup")

"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 neoplasma); *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 childbirth 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 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.)

NOTE.—Individual offices may add to above list of undesirable 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.

DR. SWELCHER