

PLACE OF DEATH

STATE OF ~~KANSAS~~ MISSOURI

15152

County Dade

STATE BOARD OF HEALTH—DIV. OF VITAL STATISTICS.

Township Hamer

STANDARD CERTIFICATE OF DEATH.

15152

City ~~Lawrence~~

No. 48
5072

street

Ward.

Registered No. 14

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

FULL NAME Dagobert Magee

PERSONAL AND STATISTICAL PARTICULARS.

Sex Male Color or Race White Single, Married, Widowed, or Divorced? Married
(Write the word.)

Date of Birth Dec 19 1875
(Month) (Day) (Year)

Age 81 yrs. 5 mos. 4 ds. If LESS than 1 day, ___ hrs. or ___ min.?

Occupation. (a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

Birthplace. (State or country) Germany

Parents:
10 Name of Father Conrad Magee
11 Birthplace of Father not known
12 Maiden name of Mother not known
13 Birthplace of Mother not known

The above is true to the best of my knowledge.
(Informant) Virginia X. Martin
(Address) Amory St

Filed 6/9 1913 Mrs C. Sells
Registrar.

MEDICAL CERTIFICATE OF DEATH.

Date of Death May-23 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from my 23 1912, to my 23 1913 that I last saw him alive on my 23 1912? and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH * was as follows:
asthma

Contributory (Secondary) 11/20 (Duration) 1/05 yrs. mos. ds.

(Signed) J. M. Smith M. D.
May 24 1913 (Address) Amory

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 _____

Place of Burial or Removal Mulberry Cem Date of Burial May 26 1913

Under-taker R. Taylor & Son Address Clearmont St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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, Compositor, 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, peritonæum, 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 of 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," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "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.)