

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

30102

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. Grace Hospital)

Registration District No. 399
Primary Registration District No. 1302

File No. _____
Registered No. 20079
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Alice Gilmore

(a) Residence. No. 1517 Hardisty St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1923

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sterling B. Gilmore Dec. 21-1918

I HEREBY CERTIFY, That I attended deceased from Sept 11/23, 1923, to Oct 14/23, 1923, that I last saw him alive on Oct 14, 1923, and that death occurred, on the date stated above, at 7 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction and perforation of bowels caused by Old Post Operative Adhesions
(duration) _____ yrs. _____ mos. _____ ds.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
62 1 28

CONTRIBUTORY (SECONDARY) Intestinal Post Operative Adhesions
(duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work home 122
(b) General nature of industry, business, or establishment in which employed (or employer) 123
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED 119
IF NOT AT PLACE OF DEATH: _____

9. BIRTHPLACE (CITY OR TOWN) Green Co. Mo.
(STATE OR COUNTRY) Near Springfield

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 22
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Shadrack Taylor

WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Colvin L. Rogers, M. D.
10/15, 1923 (Address) 526 Cedar Blv

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

12. MAIDEN NAME OF MOTHER Tempy Howard

*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.)

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

14. INFORMANT Olin L. Wroughton
(Address) 1515 Hardisty

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edinwood DATE OF BURIAL 10/16 1923

15. FILED 10/16/23 M. M. Cerone REGISTAR
Dy

20. UNDERTAKER Cyler Bros ADDRESS 1800 Linwood

N. B.—Every item of information should be carefully checked. 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 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 (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*, 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.

P. Harmon 0084 Dr. Calvin L. Cooper of 626 Lathrop Bldg. 716 Benton Clayton 4229