

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**

1. PLACE OF DEATH

County Lasson
Township Lean
City Kansas City (No. K.C. Gene Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 23500
Registered No. 3251
St. _____ Ward _____

2. FULL NAME

Theodore Trumble

(a) Residence No. 2525 Charlotte Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>6</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Clerk
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER

James Trumble

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa

14.

INFORMANT Reva Clerk
(Address) K.C. Gene Hosp.

15.

FILED 8/29 24 M.M. Crocove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-26 1924

17. I HEREBY CERTIFY, That I attended deceased from 8-15 1924 (to 8-26 1924) that I last saw him alive on 8-26 1924 and that death occurred, on the date stated above, at 2:15 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
1337 (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) 131
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.M. Frankenburg
8/27 1924 (Address) K.C. Gene Hosp.

*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

DATE OF BURIAL

Forest Hill Aug 30 24

20. UNDERTAKER

ADDRESS

Melody Joyce Taylor

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; it should be used only when

(a) *Spinner*, (b) *Cotton mill*,

(c) *Foreman*, (d) *Automo-*

erial worked on may form

statement. Never return

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 house-

hold 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 be-

ginning of illness. If retired from business, that

fact may be indicated thus: *Farmer (retired, 6*

yrs.) For persons who have no occupation what-

ever, 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*; *Broncho-*
pneumonia ("Pneumonia," unqualified, is indefinite);
Tuberculosis of lungs, meninges, peritoneum, etc.,
Carcinoma, Sarcoma, etc., of———(name ori-
gin; "Cancer" is less definite; avoid use of "Tumor"
for malignant neoplasm); *Measles, Whooping cough,*
Chronic valvular heart disease; Chronic interstitial
nephritis, etc. The contributory (secondary or in-
tercurrent) affection need not be stated unless im-
portant. 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," "In-
anition," "Marasmus," "Old age," "Shock," "Ure-
mia," "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 de-
termine definitely. Examples: *Accidental drown-*
ing; struck by railway train—accident; Revolver wound
of head—homicide; Poisoned by carbolic acid—prob-
ably 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 undesir-
able 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, hemor-
rhage, 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.