

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**

Do not use this space.

26153

1. PLACE OF DEATH
 County Jackson Registration District No. 2009
 Township Raw Primary Registration District No. 2009
 City Kansas City Mo. (No. St Lukes Hospital)
 File No. 3201
 Registered No. 3201
 St. _____ Ward _____

2. FULL NAME James Edmund McConniff
 (a) Residence No. 2127 - Holly St. W
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Nellie McConniff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 21 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
35 2 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Clerk - Freight
 (b) General nature of industry, business, or establishment in which employed (or employer) C + A Ry.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada -

10. NAME OF FATHER John McConniff

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

12. MAIDEN NAME OF MOTHER Elizabeth James

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1924

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1924, to Sept 10, 1924, that I last saw him alive on Sept 20, 1924, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cholecystitis
 (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Gall Stone
 (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... at 2127 Holly
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 4 1924
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Recovered Stone + Ruptured Gall Bladder
 (Signed) Earl Burchard M. D.
9/11, 1924 (Address) 3346 Summit K.C. Mo.

*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 Elmwood DATE OF BURIAL Sept - 12 - 1924
 20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

14. INFORMANT Nellie McConniff
 (Address) 2127 Holly

15. FILED 9/12 1924 M. M. Croon REGISTRAR

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, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of———(name origin; "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 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ^{SS.}

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3401

On this 21st day of February, 1941, before me appears _____

for Mrs Nellie M Coniff who, upon her oath, states that the original record of ~~birth~~
James E McConiff died 9-10, 1924, in the State of ~~death~~
Missouri, and which was filed at Mo on 9-12, 1924, should be corrected as follows:

Item No. 2 should read James Edmond M^c Coniff

Instead of James Edward M^c Coniff

Item No. _____ should read 251

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant: Mrs Nellie M^c Coniff Relationship: Wife

2127 Halley
Present Address

Subscribed and sworn to before me this 21st day of Feb, 1941.

My Commission expires Sept 27, 1943 Margaret M. Browe Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

My Commission expires _____

Subscribed and sworn to before me this _____ day of _____ 19__

Legal Address _____

Agent _____

(Seal)

The above is true to the best of my knowledge, information and belief.

instead of _____

Item No. _____ should read _____

instead of _____

Item No. _____ should read _____

instead of _____

Item No. _____ should read _____

instead of _____

Item No. _____ should read _____

instead of _____

Item No. _____ should read _____

instead of _____

Item No. _____ should read _____

instead of _____

Item No. _____ should read _____

instead of _____

Item No. _____ should read _____

Missouri and which was filed at _____ on _____ 19__ should be corrected as follows:

for _____ ^{Post} _____ in the State of _____

_____ ^{dated} _____ and _____ ^{and} _____ ^{states that the original record is filed}

On this _____ day of _____ 19__ before me appeared _____

County of _____ }
} ss. _____

State of _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

State File No. _____

Figures containing asterisks will not be accepted; draw one line through error and write space in