

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

34808

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Whalley Prov. Hosp)

Registration District No. 399
Sub-Registration District No. 1803

File No. 4703
Registered No. 4703
St. _____ Ward _____

2. FULL NAME

Silas Packard
(a) Residence No. 435 Everett St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 5 mos. 21 ds. How long in U.S., if of foreign birth? 54 yrs. 5 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-29-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or less
54 5 21 46 hrs.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Tillers
(STATE OR COUNTRY) Alabama

10. NAME OF FATHER Silas Packard

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

12. MAIDEN NAME OF MOTHER Mary Williams

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

14. INFORMANT Aladonia Packard
(Address) 435 Everett, K.C.

15. FILED 12/26, 1924 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/23 1924

17. I HEREBY CERTIFY, That I attended deceased from 12/23/24 1924 to 12/23/24 1924
that I last saw alive on 12/23/24 and that death occurred, on the date stated above, at Whalley Prov. Hosp.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Congestive heart failure
2. Hypertension
3. Atherosclerosis
4. Coronary artery disease
5. Myocardial infarction
6. Pulmonary edema
7. Systemic hypertension
8. Aortic atherosclerosis
9. Coronary atherosclerosis
10. Myocardial ischemia
11. Myocardial infarction
12. Congestive heart failure
13. Hypertension
14. Atherosclerosis
15. Coronary artery disease
16. Myocardial infarction
17. Pulmonary edema
18. Systemic hypertension
19. Aortic atherosclerosis
20. Coronary atherosclerosis
21. Myocardial ischemia
22. Myocardial infarction
23. Congestive heart failure
24. Hypertension
25. Atherosclerosis
26. Coronary artery disease
27. Myocardial infarction
28. Pulmonary edema
29. Systemic hypertension
30. Aortic atherosclerosis
31. Coronary atherosclerosis
32. Myocardial ischemia
33. Myocardial infarction
34. Congestive heart failure
35. Hypertension
36. Atherosclerosis
37. Coronary artery disease
38. Myocardial infarction
39. Pulmonary edema
40. Systemic hypertension
41. Aortic atherosclerosis
42. Coronary atherosclerosis
43. Myocardial ischemia
44. Myocardial infarction
45. Congestive heart failure
46. Hypertension
47. Atherosclerosis
48. Coronary artery disease
49. Myocardial infarction
50. Pulmonary edema
51. Systemic hypertension
52. Aortic atherosclerosis
53. Coronary atherosclerosis
54. Myocardial ischemia
55. Myocardial infarction
56. Congestive heart failure
57. Hypertension
58. Atherosclerosis
59. Coronary artery disease
60. Myocardial infarction
61. Pulmonary edema
62. Systemic hypertension
63. Aortic atherosclerosis
64. Coronary atherosclerosis
65. Myocardial ischemia
66. Myocardial infarction
67. Congestive heart failure
68. Hypertension
69. Atherosclerosis
70. Coronary artery disease
71. Myocardial infarction
72. Pulmonary edema
73. Systemic hypertension
74. Aortic atherosclerosis
75. Coronary atherosclerosis
76. Myocardial ischemia
77. Myocardial infarction
78. Congestive heart failure
79. Hypertension
80. Atherosclerosis
81. Coronary artery disease
82. Myocardial infarction
83. Pulmonary edema
84. Systemic hypertension
85. Aortic atherosclerosis
86. Coronary atherosclerosis
87. Myocardial ischemia
88. Myocardial infarction
89. Congestive heart failure
90. Hypertension
91. Atherosclerosis
92. Coronary artery disease
93. Myocardial infarction
94. Pulmonary edema
95. Systemic hypertension
96. Aortic atherosclerosis
97. Coronary atherosclerosis
98. Myocardial ischemia
99. Myocardial infarction
100. Congestive heart failure
101. Hypertension
102. Atherosclerosis
103. Coronary artery disease
104. Myocardial infarction
105. Pulmonary edema
106. Systemic hypertension
107. Aortic atherosclerosis
108. Coronary atherosclerosis
109. Myocardial ischemia
110. Myocardial infarction
111. Congestive heart failure
112. Hypertension
113. Atherosclerosis
114. Coronary artery disease
115. Myocardial infarction
116. Pulmonary edema
117. Systemic hypertension
118. Aortic atherosclerosis
119. Coronary atherosclerosis
120. Myocardial ischemia
121. Myocardial infarction
122. Congestive heart failure
123. Hypertension
124. Atherosclerosis
125. Coronary artery disease
126. Myocardial infarction
127. Pulmonary edema
128. Systemic hypertension
129. Aortic atherosclerosis
130. Coronary atherosclerosis
131. Myocardial ischemia
132. Myocardial infarction
133. Congestive heart failure
134. Hypertension
135. Atherosclerosis
136. Coronary artery disease
137. Myocardial infarction
138. Pulmonary edema
139. Systemic hypertension
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142. Myocardial ischemia
143. Myocardial infarction
144. Congestive heart failure
145. Hypertension
146. Atherosclerosis
147. Coronary artery disease
148. Myocardial infarction
149. Pulmonary edema
150. Systemic hypertension
151. Aortic atherosclerosis
152. Coronary atherosclerosis
153. Myocardial ischemia
154. Myocardial infarction
155. Congestive heart failure
156. Hypertension
157. Atherosclerosis
158. Coronary artery disease
159. Myocardial infarction
160. Pulmonary edema
161. Systemic hypertension
162. Aortic atherosclerosis
163. Coronary atherosclerosis
164. Myocardial ischemia
165. Myocardial infarction
166. Congestive heart failure
167. Hypertension
168. Atherosclerosis
169. Coronary artery disease
170. Myocardial infarction
171. Pulmonary edema
172. Systemic hypertension
173. Aortic atherosclerosis
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181. Myocardial infarction
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535. Systemic hypertension
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537. Coronary atherosclerosis
538. Myocardial ischemia
539. Myocardial infarction
540. Congestive heart failure
541. Hypertension
542. Atherosclerosis
543. Coronary artery disease
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578. Pulmonary edema
579. Systemic hypertension
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617. Congestive heart failure
618. Hypertension
619. Atherosclerosis
620. Coronary artery disease
621. Myocardial infarction
622. Pulmonary edema
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668. Aortic atherosclerosis
669. Coronary atherosclerosis
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673. Hypertension
674. Atherosclerosis
675. Coronary artery disease
676. Myocardial infarction
677. Pulmonary edema
678. Systemic hypertension
679. Aortic atherosclerosis
680. Coronary atherosclerosis
681. Myocardial ischemia
682. Myocardial infarction
683. Congestive heart failure
684. Hypertension
685. Atherosclerosis
686. Coronary artery disease
687. Myocardial infarction

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), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anomia" (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
CERTIFICATE OF DEATH**

1. PLACE OF DEATH
 County Jackson Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. _____ Registered No. _____
 City Lumpkin city (No. _____) St. _____ Ward _____

2. FULL NAME Ernest J. Packer *instead of Miss Packer*
 (a) Residence No. 435 Everett St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>54</u>		<u>6</u>	<u>9</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Alabama
 (STATE OR COUNTRY) Tilcox

10. NAME OF FATHER Silvan Packer

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

12. MAIDEN NAME OF MOTHER Mary Williams

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

14. INFORMANT Albania Packer
 (Address) 435 Everett

15. FILED _____ 19 _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) _____ 19 _____

17. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____, to _____ 19 _____, that I last saw him _____, 19 _____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) _____, M. D.
 _____, 19 _____ (Address)

*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 West Lawn Cemetery DATE OF BURIAL 12/27 1924

20. UNDERTAKER Hall Walker & Green ADDRESS 312 W. Blvd

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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. PHYSICIANS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY L.A.M.

SUPPLEMENTARY

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.)

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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.