

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

Do not use this space.

23876

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City

Registration District No. 399

Primary Registration District No. 40 @ B
No. 4441 Wornall Road

File No. _____
Registered No. 3188
St. _____ Ward _____

2. FULL NAME

Miss Florence Pearl Marmon

(a) Residence. No. 4441 Wornall Rd. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 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) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11 1925.

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

17. I HEREBY CERTIFY, That I attended deceased from Mch 1-25, 1925, to Aug. 11, 1925, and that I last saw her alive on Aug. 10, 1925, and that death occurred on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute myocarditis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 | 7 | 9 |

CONTRIBUTORY (SECONDARY) Insomnia Weeks (duration) yrs. mos. ds. 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Public Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) 623 Bryant Bldg
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____ (Signed) _____ M. D.

9. BIRTHPLACE (CITY OR TOWN) Neuada Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH Mo DID AN OPERATION PRECEDE DEATH? _____ DATE OF Mch 13, 25 WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER Chas A. Marmon

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

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & X-ray (Signed) H. M. Mather, M. D.

12. MAIDEN NAME OF MOTHER Emma Simpson

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

11 305 (Address) 1207 Knott

14. INFORMANT Mrs Myrtle P. Henderson (Address) 4441 Wornall Rd.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Springwood DATE OF BURIAL 8-11-1925

15. FILED 8/11 25 M. M. Ceraue REGISTRAR

20. UNDERTAKER Eylan Bros. ADDRESS 1800 Linwood

N. E.—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.

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 "Asthemia," "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 septi emia," "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. Island 2477 Dr Harry F. Mather 6117 Morning side of 1207 Paled
Main 0782