

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

Do not use this space.

29391

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No. 85

File No.

Township.....

Primary Registration District No. 1001

Registered No. 1144

City.....St. Joseph, Mo. No.

Noyes Hospital

St.

Ward)

2. FULL NAME

Mary Irene King

(a) Residence. No. Elwood, Kansas 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. 1 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

15. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct 25, 25 19

17.

I HEREBY CERTIFY, That I attended deceased ^{because} on Oct 25, 1925, to that I last saw h. alive on 19....., and that death occurred, on the date stated above, at 6:15 P.M.

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

Single

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Burn. Caused by starting fire on stove with kerosene oil. Caught fire when clothes off, causing her death.

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

Sept 25, 1915

7. AGE

10

YEARS

MONTHS

1

DAYS

0

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

None

(c) Name of employer

None

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN)

Doniphan County

(STATE OR COUNTRY)

Kansas

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

10. NAME OF FATHER

Clarence King

DID AN OPERATION PRECEDE DEATH? Mo. DATE OF

WAS THERE AN AUTOPSY? Body present

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Doniphan Co

(STATE OR COUNTRY)

Kansas

WHAT TEST CONFIRMED DIAGNOSIS? Path. Bureau History

(Signed) J. W. Mays Coroner

M. D.

12. MAIDEN NAME OF MOTHER

Josephine Gibson

10/26, 1925 (Address) St. Joseph Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Doniphan Co

(STATE OR COUNTRY)

Kansas

*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.)

14.

INFORMANT

Mrs. Clarence King

(Address)

Elwood, Kansas

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Wathens Kans

DATE OF BURIAL

10/27 1925

15.

OCT 26 1925

Ezra Harrison REGISTRAR

20. URDERTAKER

Fleeman Jarvis

ADDRESS

1208 Francis

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.

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 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.; *Broncho-pneumonia* (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
CERTIFICATE OF DEATH**

1917 Act, No. 1177, Sec. 1101
 1917 Act, No. 1177, Sec. 1102
 1917 Act, No. 1177, Sec. 1103
 1917 Act, No. 1177, Sec. 1104
 1917 Act, No. 1177, Sec. 1105
 1917 Act, No. 1177, Sec. 1106
 1917 Act, No. 1177, Sec. 1107
 1917 Act, No. 1177, Sec. 1108
 1917 Act, No. 1177, Sec. 1109
 1917 Act, No. 1177, Sec. 1110
 1917 Act, No. 1177, Sec. 1111
 1917 Act, No. 1177, Sec. 1112
 1917 Act, No. 1177, Sec. 1113
 1917 Act, No. 1177, Sec. 1114
 1917 Act, No. 1177, Sec. 1115
 1917 Act, No. 1177, Sec. 1116
 1917 Act, No. 1177, Sec. 1117
 1917 Act, No. 1177, Sec. 1118
 1917 Act, No. 1177, Sec. 1119
 1917 Act, No. 1177, Sec. 1120
 1917 Act, No. 1177, Sec. 1121
 1917 Act, No. 1177, Sec. 1122
 1917 Act, No. 1177, Sec. 1123
 1917 Act, No. 1177, Sec. 1124
 1917 Act, No. 1177, Sec. 1125
 1917 Act, No. 1177, Sec. 1126
 1917 Act, No. 1177, Sec. 1127
 1917 Act, No. 1177, Sec. 1128
 1917 Act, No. 1177, Sec. 1129
 1917 Act, No. 1177, Sec. 1130
 1917 Act, No. 1177, Sec. 1131
 1917 Act, No. 1177, Sec. 1132
 1917 Act, No. 1177, Sec. 1133
 1917 Act, No. 1177, Sec. 1134
 1917 Act, No. 1177, Sec. 1135
 1917 Act, No. 1177, Sec. 1136
 1917 Act, No. 1177, Sec. 1137
 1917 Act, No. 1177, Sec. 1138
 1917 Act, No. 1177, Sec. 1139
 1917 Act, No. 1177, Sec. 1140
 1917 Act, No. 1177, Sec. 1141
 1917 Act, No. 1177, Sec. 1142
 1917 Act, No. 1177, Sec. 1143
 1917 Act, No. 1177, Sec. 1144
 1917 Act, No. 1177, Sec. 1145
 1917 Act, No. 1177, Sec. 1146
 1917 Act, No. 1177, Sec. 1147
 1917 Act, No. 1177, Sec. 1148
 1917 Act, No. 1177, Sec. 1149
 1917 Act, No. 1177, Sec. 1150
 1917 Act, No. 1177, Sec. 1151
 1917 Act, No. 1177, Sec. 1152
 1917 Act, No. 1177, Sec. 1153
 1917 Act, No. 1177, Sec. 1154
 1917 Act, No. 1177, Sec. 1155
 1917 Act, No. 1177, Sec. 1156
 1917 Act, No. 1177, Sec. 1157
 1917 Act, No. 1177, Sec. 1158
 1917 Act, No. 1177, Sec. 1159
 1917 Act, No. 1177, Sec. 1160
 1917 Act, No. 1177, Sec. 1161
 1917 Act, No. 1177, Sec. 1162
 1917 Act, No. 1177, Sec. 1163
 1917 Act, No. 1177, Sec. 1164
 1917 Act, No. 1177, Sec. 1165
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 1917 Act, No. 1177, Sec. 1167
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 1917 Act, No. 1177, Sec. 1169
 1917 Act, No. 1177, Sec. 1170
 1917 Act, No. 1177, Sec. 1171
 1917 Act, No. 1177, Sec. 1172
 1917 Act, No. 1177, Sec. 1173
 1917 Act, No. 1177, Sec. 1174
 1917 Act, No. 1177, Sec. 1175
 1917 Act, No. 1177, Sec. 1176
 1917 Act, No. 1177, Sec. 1177
 1917 Act, No. 1177, Sec. 1178
 1917 Act, No. 1177, Sec. 1179
 1917 Act, No. 1177, Sec. 1180
 1917 Act, No. 1177, Sec. 1181
 1917 Act, No. 1177, Sec. 1182
 1917 Act, No. 1177, Sec. 1183
 1917 Act, No. 1177, Sec. 1184
 1917 Act, No. 1177, Sec. 1185
 1917 Act, No. 1177, Sec. 1186
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 1917 Act, No. 1177, Sec. 1196
 1917 Act, No. 1177, Sec. 1197
 1917 Act, No. 1177, Sec. 1198
 1917 Act, No. 1177, Sec. 1199
 1917 Act, No. 1177, Sec. 1200

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph Mo (No. _____) _____

File No. _____
 Registered No. 1194
 St. _____ Ward _____

2. FULL NAME

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

Eliwood Ralston
 (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S.
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY)

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT (Address) _____

15. FILED 17/10 1925 Ezra Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1925

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

THE CAUSE OF DEATH WAS AS FOLLOWS:
accidental Burn
caused by cloth starting fire in stove with coal oil
that caught fire setting fire to cloth.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) No house or bldg caught fire
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED china factory
 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 _____ DATE OF BURIAL _____

20. UNDERTAKER _____ ADDRESS _____

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every item of information should be carefully supplied. The cause of DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state occupation of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

179

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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