

FEB 21 1928

STATE OF KANSAS

STANDARD

CERTIFICATE OF DEATH

State Board of Health—Division of Vital Statistics

Do not write
37238
In this space

1 PLACE OF DEATH: County Johnson
Township Galena Registered No. 411
or City John No. St. Johns Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fay Henderson
(a) Residence No. Galena Kan 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 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) July 4 1891

7 AGE Years 36 Months 5 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

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

9 BIRTHPLACE (city or town) Lehigh Mo
(State or country)

10 NAME OF FATHER Pat Grayham

11 BIRTHPLACE OF FATHER (City or town) Illinois
(State or country)

12 MAIDEN NAME OF MOTHER Beulah Edgerly

13 BIRTHPLACE OF MOTHER (City or town) Kentucky
(State or country)

14 Informant Belgrade Henderson
(Address) Galena

15 Filed Dec. 18 1927 Jan 23 1928
F. Henderson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1927
17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____,

that I last saw h. er alive on Some weeks since 192____, and that death occurred, on the date stated above, at John Mo

The CAUSE OF DEATH Cancer
of the stomach
with metastasis
to the lungs
(duration) _____ yrs. _____ mos. _____ ds.
(duration) _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. J. James Coroner, M. D.
102 (Address) Columbus Ave

* 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 Columbus Hwy DATE OF BURIAL 19 Dec 1927

20 UNDERTAKER Carter M. Clarke ADDRESS Galena

MARGIN RESERVED FOR BINDING

V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

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 neoplasms); *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—suicide*. The nature of the injury, as fracture, laceration, etc., and sequences (e. g., *sepsis*, *tetanus*), should be stated. The head of "Contributory" should be followed by a statement of cause of death. (Committee on Nomenclature, American Public Health Association.)

None. The following may add to above list of undesirable terms and phrases to be omitted from certificates containing them. Thus the form in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without qualification, as the sole cause of death: Abortion, cellulitis, childbed fever, cholera, hemorrhage, gangrene, gastritis, erysipelas, meningitis, neuritis, neuralgia, necrosis, peritonitis, phlebitis, pyemia, sepsis, tetanus, typhoid fever, typhoid pneumonia." But general adoption of the minimum list suggests a vast improvement, and its scope can be extended at

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

is accident occurred about 4-5 P.M., Dec. 16, 1927. The injured was rushed to hospital at 4:25 P.M., and died about 4:25 P.M. Left side and back were injured. Inquest deemed unnecessary.

J. W. James M.D.
Coroner
Clermont Co.
N.Y.