

JUL 6 1928  
 MARGIN RESERVED FOR BINDING 17-6-15-  
 8-209 d  
 V. S. No. 98  
 N. B.—WRITE PLAINLY, WITH UNFADING 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.

STATE OF KANSAS—

STANDARD  
 CERTIFICATE OF DEATH

State Board of Health—Division of Vital Statistics

Do not write  
 17508  
 In this space

1 PLACE OF DEATH: County Jasper  
 Township \_\_\_\_\_ Registered No. 4227  
 or City Joplin No. St Johns Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
200 E - 227  
 2 FULL NAME Iris Faye Green  
 (a) Residence. No. 98 Ottawa St. \_\_\_\_\_ Ward 2  
 (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 OF RACE white 5 Single, Married, Widowed, or Divorced (write the word) married  
 5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chester Green  
 6 DATE OF BIRTH (month, day, and year) Oct 22 1910  
 7 AGE Years Months Days If LESS than 1 day, hrs. or min.  
18 8 15  
 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) Stenoa  
 (State or country)  
 10 NAME OF FATHER N. C. Davis  
 11 BIRTHPLACE OF FATHER (City or town) \_\_\_\_\_ (State or country) Ohio  
 12 MAIDEN NAME OF MOTHER Cora Wilcoxon  
 13 BIRTHPLACE OF MOTHER (City or town) \_\_\_\_\_ (State or country) unknown

14 Informant Ferdynia Davis  
 (Address) Baptist Church Spg  
 15 Filled 5/9 1928 Dr. A. Benson Clark  
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7 1928  
 17 I HEREBY CERTIFY, That I attended deceased from May 7 1928 to May 7 1928, that I last saw her alive on May 7 1928 and that death occurred, on the date stated above, at 9 P. M.  
 The CAUSE OF DEATH\* was as follows:  
acute mastoiditis  
89B 86 B (duration) yrs. mos. 2 ds.  
 CONTRIBUTORY middle ear infection (Secondary) (duration) yrs. mos. 12 ds.

18 Where was disease contracted If not at place of death? \_\_\_\_\_  
 Did an operation precede death? Yes Date of May 7, 1928  
 Was there an autopsy? no  
 What test confirmed diagnosis? Operation, spinal fluid  
 (Signed) Wm. Mc Kinney M. D.  
 (Address) Baptist Spg. 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.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Lawn DATE OF BURIAL 5-10 1928  
 20 UNDERTAKER Harveys Johnson ADDRESS East Spg. Mo.

# 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 which the death occurred), using always the same accepted nomenclature. Examples: *Cerebrospinal meningitis*; synonym is "Epidemic cerebrospinal meningitis" (avoid use of "Croup"); report "Typhoid pneumonia"; *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name organ; "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—probably suicide*. The nature of the injury, as fracture of skull, and sequences (e. g., *sepsis, tetanus*), may be stated under 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 under terms and refuse to accept certificates containing them. The form in use in New York City states: "Certificates will be ret for additional information which give any of the following di without explanation, as the sole cause of death: Abortion, cell childbirth, convulsions, hemorrhage, gangrene, gastritis, erys meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, ticemia, tetanus." But general adoption of the minimum list stated will work vast improvement, and its scope can be exte to a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENT  
BY PHYSICIAN

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jasper Registration District No. 471 File No. ....  
 Township ..... Primary Registration District No. 2002 Registered No. ....  
 City Joplin (No. ....) St. .... Ward)

**2. FULL NAME**

Iris Faye Green  
 (a) Residence. No. .... St., ..... Ward. .... (If nonresident give city or town and State)  
 (Usual place of abode)  
 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 (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 - 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
17 6 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) ..... yrs. .... mos. .... ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) ..... (duration) ..... yrs. .... mos. .... ds.  
 (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 7/19 19 28 Dr. A. Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7-1928

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

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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BIRMINGHAM CITY HEALTH DEPARTMENT. PHYSICIANS should state exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-17508