

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

1229

**1. PLACE OF DEATH**

County Jackson Registration District No. 299  
 Township Kear Primary Registration District No. 7  
 City Kansas City (No. 509 N Monroe) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 220

**2. FULL NAME**

Joseph P. Sharp  
 (a) Residence No. 509 N. Monroe St. Ward 9  
 (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 Male 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 unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
30 7 13

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Morse Sharp

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

12. MAIDEN NAME OF MOTHER Anna Wendt

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

14. INFORMANT Mablema Sharp  
 (Address) 509 N. Monroe

15. Jan 17 30 M. M. Grove  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1930  
 17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1930, to Jan 16, 1930, that I last saw him alive on Jan 14, 1930, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocarditis, chronic  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Syphilis  
 (duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF BIRTH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) James Middleton, M. D.  
 (Address) 424 N. Montross Ave  
Jan 16 1930

\*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 St Marys Cemetery DATE OF BURIAL Jan 18 1930

20. UNDERTAKER Arthurine ADDRESS Kear

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.

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# 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 many occupations a single word or phrase on one line will be sufficient, e. g., *Farmer or Mechanic, Compositor, Architect, Locomotive Engineer, Stationary Fireman*, etc. For various cases, especially in industrial employments, it is necessary to know (a) the kind of work and (b) the nature of the business or industry. An additional line is provided for the statement of the cause; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Foreman*, (b) *Automobile factory*, etc. Industrial work may form part of the statement. Never return "Laborer," "Foreman," "Dealer," etc., without more information, as *Day laborer, Farm laborer, Miner*, 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 neoplasma); *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.)

**NOTE.**—Individual offices may add to above terms and refuse to accept certificates so Thus the form in use in New York City states will be returned for additional information when the following diseases, without explanation, are of death: *Abortion, cellulitis, childbirth, convulsions, gangrene, gastritis, erysipelas, meningitis, necrosis, peritonitis, phlebitis, pyemia, septicæmia*. But general adoption of the minimum list suggests vast improvement, and its scope can be extended.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN.