

STATE OF KANSAS

STANDARD

State Board of Health—Division of Vital Statistics **CERTIFICATE OF DEATH**

Do not write

26738
In this space

1. PLACE OF DEATH: County Wernon District 874
 Township Harrison
 or City Hickman, Kansas No. 1 Registrar No. 6159 St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rachel Hornbeck Miller 410
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 99 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If nonresident, give city or town and state.)
 Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____
 If so, state Organization _____ Rank _____ Period of service _____

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) widowed

5a. If married, widowed, or divorced
 HUSBAND of William Miller
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Sept 2, 1858

7. AGE Years 79 Months 10 Days 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (month, day, and year) 7-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 3 or 4 years to 7-15-1938, 1938.
 I last saw her alive on 7-14-1938, 1938 death is said to have occurred on the date stated above at 1202a.

The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis of 3 or 4 years duration 9/3/38
 Date of onset

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 1938

Where did injury occur? no
 (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
 (Signed) F. E. Allright M. D.

799 (Address) Hickman, Kansas

12. BIRTHPLACE (city or town) (State or country) Hancock Co. Ill.

MOTHER FATHER

13. NAME John Hornbeck

14. BIRTHPLACE (city or town) (State or country) Pickwick Co Ohio

15. MAIDEN NAME Elizabeth Snyder

16. BIRTHPLACE (city or town) (State or country) Boys Co Ohio

17. INFORMANT Mrs. Floyd Custer
Hickman, Kansas

18. BURIAL, CREMATION, OR REMOVAL Place Home Date July 16, 1938

19. UNDERTAKER G. H. Johnson
Hickman, Kansas

20. FILED July 20, 1938 N. B. Crumson
 Registrar

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of vigorous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1916</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 6, 1927</i>

Contributory causes of importance not related to principal cause:

<i>Fracture of arm</i>	
<i>Automobile accident</i>	<i>May 3, 1927</i>

EXAMPLE II

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Contributory causes of importance not related to principal cause:

<i>Influenza</i>	<i>6 weeks ago</i>

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN
