STATE OF ~~KANSAS~~ MISSOURI

State Board of Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Do not write **23968** in this space

1. PLACE OF DEATH: County *Jasper* *411*

Township or City *Joplin* Registered No. *2002*

No. *Freeman Hospital* St., ______ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME *Minnie Wilson*

(a) Residence. No. *524 west ave. Baxter Sprgs Kans.* 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.

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

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	*white*	*married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Freeman Wilson*

6. DATE OF BIRTH (month, day, year) ~~[illegible]~~ *4-25-1882*

7. AGE Years	Months	Days	If LESS than 1 day......hrs. or......min.
55	*1*	*23*	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, *etc.* *House wife*

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

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

12. BIRTHPLACE (city or town) (State or country) *Kans.*

FATHER

13. NAME *Thomas Kelly.*

14. BIRTHPLACE (city or town) (State or country) *Ireland.*

MOTHER

15. MAIDEN NAME *Lucindia Welch.*

16. BIRTHPLACE (city or town) (State or country) *Kans.*

17. INFORMANT *Freeman Wilson*
(Address) *Baxter Sprgs Kans.*

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place *to Oklahoma* Date *6-17-*, 19*37*.

19. UNDERTAKER *Todd's*
(Address) *Picher Okla.*

20. FILED *6-17* 19*37* *Ed D. Junn* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *6-17*, 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *June 15*, 19*37* to *June 17*, 19*37*,

I last saw h*er* alive on *June 17* 19*37*, death is said to have occurred on the date stated above at *10:30 A*m.

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

Had some teeth extracted *June 5*
with severe hemorrhage.
Hypostatic Pneumonia

115B

Contributory causes of importance not related to principal cause: ______

Name of operation *Teeth extracted* Date of *June 5-37*

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident suicide or homicide? ✓ Date of injury ✓, 19......

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ______

Nature of injury ______

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

If so specify ✓

(Signed) *H. A. Brown* M. D.

(Address) *Galena Kans.*

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.

1-87—100M 16-6305-s

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
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

EXAMPLE II

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Contributory causes of importance not related to principal cause:	
Influenza	*6 weeks ago*

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