

## PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

Village \_\_\_\_\_

City K.C.(NO. 1227 Lydia Ave St. \_\_\_\_\_ Ward \_\_\_\_\_)FULL NAME Pearl DavisMISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 399 File No. 17752Primary Registration District No. 1002 Registered No. 1642

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widowedDATE OF BIRTH July 29, 1869  
(Month) (Day) (Year)AGE 41 yrs. 9 mos. 6 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_BIRTHPLACE (City or town, State or foreign country) Va. 9-0NAME OF FATHER Price WilliamsBIRTHPLACE OF FATHER (City or town, State or foreign country) WalesMAIDEN NAME OF MOTHER StrongBIRTHPLACE OF MOTHER (City or town, State or foreign country) Eng.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Johnson(ADDRESS) 1227 Lydia AveFiled MAY 7 1911 W.S. Wheeler

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 5, 1911  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 25, 1911, to May 4, 1911, that I last saw her alive on May 4, 1911, and that death occurred, on the date stated above, at 2:45 pm.

The CAUSE OF DEATH\* was as follows:

Phthisis Pulmonalis  
& Nephritis  
23 M  
15 B (Duration) 8 yrs. \_\_\_ mos. \_\_\_ ds.132 A Contributory Erysipelas  
(SECONDARY) (Duration) 2 1/2 yrs. 7 1/2 mos. 10 ds.(Signed) Charles Sandy M. D.  
May 6, 1911 (Address) 308 1/2 E. 1st St.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Angola Kansas DATE OF BURIAL May 7, 1911UNDERTAKER H. H. Blackman ADDRESS 6606 Independence Ave.

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.

# 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*, *Composer*, *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*, *peritonacum*, etc., *Carcinoma*, *Sar-*

*coma*, 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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.)



This form may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Jackson

Township \_\_\_\_\_ or Village \_\_\_\_\_

Registration District No. 399

File No. 17752

City St. C.

Primary Registration District No. 1002

Registered No. 1642

(NO. 1227 Lydia Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Pearl Davis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed

DATE OF DEATH May 5, 1911  
(Month) (Day) (Year)

DATE OF BIRTH July 29, 1869  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 25, 1911, to May 4, 1911, that I last saw her alive on " ", 1911, and that death occurred, on the date stated above, at 2:45 P.

AGE 41 yrs. 9 mos. 6 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:  
Phthisis Pulmonalis + nephritis

BIRTHPLACE (City or town, State or foreign country) Va.

(Duration) 8 yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Price Williams

Contributory Erysipelas  
(SECONDARY) (Duration) no yrs. no mos. 10 ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Wales

(Signed) Charles Sandy M. D.  
May 6, 1911 (Address) 300 Argyle Bldg.

MAIDEN NAME OF MOTHER (McKesson) Strong

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Eng.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) May Johnson

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(ADDRESS) 1221 Lydia Ave

Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

Filed May 7, 1911 H. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Angola Kansas DATE OF BURIAL May 7, 1911

UNDERTAKER C. H. Blackman ADDRESS 6606 Indep. av.

# Revised United States Standard Certificate of Death

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