

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.

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

**PLACE OF DEATH**

County Jackson  
Township Kear  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 399 File No. 28405  
Primary Registration District No. 1002 Registered No. 2839

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

**FULL NAME** Ed Robbins

**PERSONAL AND STATISTICAL PARTICULARS**

<b>SEX</b> <u>Male</u>	<b>COLOR OR RACE</b> <u>White</u>	<b>SINGLE MARRIED WIDOWED OR DIVORCED</b> <u>Single</u> <small>(Write the word)</small>
<b>DATE OF BIRTH</b> <u>Unknown</u> , 18 <u>77</u> <small>(Month) (Day) (Year)</small>		
<b>AGE</b> <u>34</u> yrs. _____ mos. _____ ds.		<b>IF LESS than 1 day, _____ hrs or _____ min.?</b>
<b>OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>Fireman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Fireman</u>		
<b>BIRTHPLACE</b> (City or town, State or foreign country): <u>Indiana</u>		
<b>PARENTS</b>	<b>NAME OF FATHER</b> <u>Don't know</u>	
	<b>BIRTHPLACE OF FATHER</b> (City or town, State or foreign country) <u>Don't know</u>	
	<b>MAIDEN NAME OF MOTHER</b> <u>Don't know</u>	
	<b>BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country) <u>Don't know</u>	

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** 8 - 19, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8 - 2, 1911, to 8 - 19, 1911, that I last saw him alive on 8 - 19, 1911, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Melanotic Sarcoma (with metastases)  
5 3/4 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**Contributory** \_\_\_\_\_  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. C. Ferrell M. D.  
8-21, 1911 (Address) Gen. Hospital

\*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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. in the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Record Clerk  
(ADDRESS) General Hospital  
W. S. Wheeler  
Filed \_\_\_\_\_ 1911 REGISTRAR

**PLACE OF BURIAL OR REMOVAL** Leeds  
**DATE OF BURIAL** Aug 23rd, 1911  
**UNDERTAKER** Maurice Quirk ADDRESS 3015 Main

# 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 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, peritonaeum*, 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.)



PLACE OF DEATH

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

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

County Jackson Registration District No. 399 File No. ✓  
 Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ or \_\_\_\_\_ City Kansas City (No. Genl Hospital) Primary Registration District No. 1002 Registered No. 2829  
 FULL NAME Ed Robbins (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE  MARRIED  WIDOWED  OR DIVORCED  (Write the word)  
 DATE OF BIRTH unknown (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) 1877  
 AGE 34 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

DATE OF DEATH 8-19, 1911  
 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

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

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1911, to 8-19, 1911, that I last saw him alive on 8-19, 1911, and that death occurred, on the date stated above, at 3:10 p.m.

BIRTHPLACE (City or town, State or foreign country) Indiana

The CAUSE OF DEATH\* was as follows:  
Melanotic Sarcoma (multiple)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PARENTS  
 NAME OF FATHER don't know  
 BIRTHPLACE OF FATHER \_\_\_\_\_  
 MAIDEN NAME OF MOTHER \_\_\_\_\_  
 BIRTHPLACE OF MOTHER \_\_\_\_\_

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. C. Powell M. D.  
8-21, 1911 (Address) Genl. Hospital

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Record Clerk  
 (ADDRESS) Genl. Hospital

\*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 \_\_\_\_\_

OCT 17 1911 Filed \_\_\_\_\_  
V. J. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL also  
 DATE OF BURIAL 8-23, 1911  
 ADDRESS 3015 Main  
 UNDERTAKER Maurice & Sons

Original file, date Aug 22, 1911. All information called for must be written on this Supplementary Certificate.

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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*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.)

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