

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

PLACE OF DEATH
County Jackson

Township _____
or
Village _____
or
City Kansas City

Registration District No. 399

File No. 31486

Primary Registration District No. 1002

Registered No. 3033

City Kansas City (NO. 2022) Montgall St.: _____ Ward)

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

FULL NAME Wm. M. Bowers

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>M.</u>	COLOR OR RACE <u>W.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Aug</u> <u>22nd</u> <u>1911</u> (Month) (Day) (Year)		
AGE _____ yrs. _____ mos. <u>20</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?		

DATE OF DEATH Sept 12th 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 8th, 1911, to Sept 19th, 1911, that I last saw him alive on Sept 11th, 1911, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

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Corrosion of
Meningitis
(Duration) _____ yrs. _____ mos. 4 ds.

BIRTHPLACE
(City or town, State or foreign country) Kc Mo

Contributory
(SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.

PARENTS

NAME OF FATHER <u>Mark J. Bowers</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kansas</u>
MAIDEN NAME OF MOTHER <u>Blanch Bowen</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>

(Signed) C. K. Johnson M. D.
Sept 12 1911 (Address) 31 Cherry

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. James Bowers
(ADDRESS) 2022 Montgall Ave.

*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 _____

Filed SEP 12 1911 W. J. Wheeler
REGISTRAR

PLACE OF BURIAL OR REMOVAL Burlington, Iowa DATE OF BURIAL Sept 13 1911
UNDERTAKER D. W. Hancock ADDRESS 211 E 9th St

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*, *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.)



County Jackson

Township _____
or
Village _____
or
City Monas City

Registration District No. 399
Primary Registration District No. 10021

File No. _____
Registered No. 3033

(NO. 2022 Montgall St.: _____ Ward)

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

FULL NAME Wm. W. Bowers

PERSONAL AND STATISTICAL PARTICULARS

SEX Mr. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single

DATE OF BIRTH Aug. 22, 1911
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 20 ds.
If LESS than 1 day, _____ hrs. or _____ min. 2

OCCUPATION
(a) Trade, profession, or particular kind of work x none
(b) General nature of industry, business, or establishment in which employed (or employer) x none

BIRTHPLACE
(City or town, State or foreign country) St. C. Mo.

PARENTS
NAME OF FATHER Maack J. Bowers
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kansas
MAIDEN NAME OF MOTHER Blanch Bowen
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. James Bowers
(ADDRESS) 2022 Montgall Ave

Filed NOV 10 1911 W. S. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 8, 1911, to Sept. 12, 1911, that I last saw him alive on _____, 1911, and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:
Cerebral Meningitis
Cancer of the Liver
(Duration) _____ yrs. _____ mos. 4 ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. R. Johnson M. D.
Sept. 12 1911 (Address) 314 Cherry

*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 Mt. Washington DATE OF BURIAL Sept. 13 1911
UNDERTAKER D. W. Newcomer ADDRESS 2111 E. 9th St.

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 child birth 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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