

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

PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

Village \_\_\_\_\_

City Kansas City Mo. NO. 1668 East 3rd

Registration District No. 000

File No. 41539

Primary Registration District No. 1002

Registered No. 3995

FULL NAME Bertha Parale Brown

(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 Female COLOR OR RACE Negro SINGLE MARRIED OR DIVORCED Married  
(If wife the word)

DATE OF DEATH Dec 20th, 1911  
(Month) (Day) (Year)

DATE OF BIRTH June 28, 1884  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 7, 1911, to Dec 19, 1911, that I last saw her alive on Dec. 19, 1911, and that death occurred, on the date stated above, at 6 a.m.

AGE 27 yrs. 5 mos. 22 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

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

Septicemia  
(Duration) \_\_\_ yrs. \_\_\_ mos. 14 ds.

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

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

NAME OF FATHER William Strand

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

MAIDEN NAME OF MOTHER Caroline Davis

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

(Signed) J. no. Johnston M. D.  
Dec 20, 1911 (Address) 404-5 Argyle Bldg

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Brown  
(ADDRESS) 1668 East 3rd St

PLACE OF BURIAL OR REMOVAL East Grove Cem DATE OF BURIAL Dec 24, 1911

UNDERTAKER Kansas City ADDRESS 1031 1/2 Ind. ave

DEC 21 1911

Filed \_\_\_\_\_ to W. J. Wheeler

REGISTRAR

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*, *peritoneum*, 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 Registration District No. 399 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ or \_\_\_\_\_  
 Village \_\_\_\_\_ or \_\_\_\_\_ Primary Registration District No. 1002 Registered No. 3995  
 City Kansas City (NO. 1668 East 3rd St.: \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Bertha Paralea Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE Negro SINGLE MARRIED WIDOWED OR DIVORCED Married  
 (Write the word)  
 DATE OF BIRTH June 28, 1884  
 (Month) (Day) (Year)  
 AGE 27 yrs. 5 mos. 22 ds. If LESS than 1 day, hrs. or min.?  
 OCCUPATION (a) Trade, profession, or particular kind of work Cook  
 (b) General nature of industry, business, or establishment in which employed (or employer) Private

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

PARENTS

NAME OF FATHER William Howard  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Arkansas  
 MAIDEN NAME OF MOTHER Esther Dorris  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Winifred Brown  
 (ADDRESS) 1668 East 3rd St.

Filed DEC 7 1911 by W. S. Wheeler  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20, 1911  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Dec. 17, 1911, to Dec. 19, 1911,  
 that I last saw her alive on \_\_\_\_\_, 1911,  
 and that death occurred, on the date stated above, at 6 a. m.  
 The CAUSE OF DEATH\* was as follows:  
Septicemia  
(Puerperal)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) John Fowlston M. D.  
Dec. 20, 1911 (Address) 404-5 Argyle Bldg

\*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 Oak Grove Cem. DATE OF BURIAL Dec. 24, 1911  
 UNDERTAKER Kansas City Und. Co. 1031 Independence ADDRESS \_\_\_\_\_

U.S.S. V. D.B.N. in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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