

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1439		
County	Jackson		Registration District No.	3000	
Township	Kaw		Primary Registration District No.	1002	
or			File No.	2499	
Village			Registered No.	326	
or			(If death occurred in a hospital or institution, give its NAME instead of street and number)		
City	Kansas City		(NO. General Hospital St.)	Ward)	
FULL NAME			Jack Williams J. W. Rose		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
Male	White	Single	January 28, 1912 (Month) (Day) (Year)		
DATE OF BIRTH:			I HEREBY CERTIFY, that I attended deceased from		
do not know			January 25, 1912, to January 28, 1912,		
(Month) (Day) (Year)			that I last saw him alive on		
AGE			January 27, 1912,		
20 yrs. mos. ds.			and that death occurred, on the date stated above, at 11:30 A.M.		
IF LESS than 1 day, hrs. or min.?			The CAUSE OF DEATH* was as follows:		
OCCUPATION			Cerebro-spinal meningitis		
(a) Trade, profession, or particular kind of work			Epidemic type		
Laborer			18 6/12		
(b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) yrs. mos. ds.		
Laborer			6 ds.		
BIRTHPLACE			Contributory		
(City or town, State or foreign country)			(SECONDARY)		
England			(Duration) yrs. mos. ds.		
PARENTS	NAME OF FATHER		(Signed)		
	Not known		R. W. Turner M. D.		
	BIRTHPLACE OF FATHER		January 29, 1912 (Address) Genie Hosp.		
	(City or town, State or foreign country)		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
not known		At place of death yrs. mos. ds. In the State yrs. mos. ds.			
BIRTHPLACE OF MOTHER		Where was disease contracted if not at place of death?			
(City or town, State or foreign country)		Former or usual residence			
not known		PLACE OF BURIAL OR REMOVAL			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Leeds		
(Informant) Maurice M. Quirk			DATE OF BURIAL		
(ADDRESS) 3015 Main St			Jan 30, 1912		
Filed JAN 29 1912			UNDERTAKER		
W. S. Wheeler			Maurice M. Quirk 3015 Main		
REGISTRAR			ADDRESS		

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*, *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.)

