

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH County <u>Jackson</u> Township _____ or _____ Village _____ or _____ City <u>Kansas City</u> (NO. <u>1426</u> to <u>Charlotte</u> St. _____ Ward _____)			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
FULL NAME <u>Louis J. Patch.</u>			Registration District No. <u>399</u> File No. <u>20297</u> Primary Registration District No. <u>1002</u> Registered No. <u>2113</u>	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR-DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>June 20</u> <sup>th</sup> 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Unknown</u> 18 <u>39</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>June 12</u> , 191 <u>2</u> , to <u>June 20</u> , 191 <u>2</u> , that I last saw him alive on <u>June 20</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>7</u> <sup>p</sup> m.	
AGE <u>73</u> yrs. _____ mos. _____ ds.			The CAUSE OF DEATH* was as follows: <u>Senile Debility</u> <u>16 yr</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Civil War Veteran</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			16 yr	
BIRTHPLACE (City or town, State or foreign country) <u>Don't know</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Don't know</u>		Contributory <u>Injury</u> <u>24 yrs</u> <u>standing</u> (Duration) _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>		(Signed) <u>William T. Frye</u> M. D. <u>677</u> , 191 <u>2</u> (Address) <u>318. The Hub</u>	
	MAIDEN NAME OF MOTHER <u>Don't know</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Kate Keller</u> (ADDRESS) <u>1426 Charlotte</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
JUN 23 1912 Filed _____ 191 <u>2</u> <u>W. S. Wheeler</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Gravimouth</u> UNDERTAKER <u>Wm. Marshall</u> DATE OF BURIAL <u>6/28/1912</u> ADDRESS <u>2146 main st.</u>	

# 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*, *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.)



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MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County Jackson

Township

or

Village

or

City Kansas City

(NO. 1426 Charlotte)

St.:

Ward)

Registration District No. 399

File No. 20297

Primary Registration District No. 1002

Registered No. 2113

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

FULL NAME

Louis J. Patch

PERSONAL AND STATISTICAL PARTICULARS

SEX. m COLOR OR RACE W. SINGLE MARRIED, WIDOWED OR DIVORCED S.  
(Write the word)

DATE OF BIRTH Unknown, 1839  
(Month) (Day) (Year)

AGE 73 yrs.  mos.  ds.  
If LESS than 1 day, hrs. or min.

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

BIRTHPLACE (City or town, State or foreign country) Dont know

PARENTS  
NAME OF FATHER  
BIRTHPLACE OF FATHER (City or town, State or foreign country)  
MAIDEN NAME OF MOTHER  
BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:  
(Informant) Mrs Kate Keller  
(ADDRESS) 1426 Charlotte

Filed AUG 7 1912 W.S. Wheeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 20, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended: deceased from June 12, 1912, to June 20, 1912  
that I last saw him alive on " " , 1912  
and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH\* was as follows:  
Contributory Injury of 2 yrs standing  
crushed with Churn from wagon  
(Signed) Williams Gray X M. D.  
6/22 1912 (Address) 318 Wm 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 Leavenworth Kans.  
DATE OF BURIAL 6/22 1912  
UNDERTAKER Freesman & Marston  
ADDRESS 3146 Main

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