

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.

| PLACE OF DEATH | | MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS | |
|---|---|--|--|
| County | <u>Jackson</u> | Registration District No. | <u>302</u> |
| Township | <u>Kennas city</u> | File No. | <u>22959 23099</u> |
| Village | <u>Kennas city</u> | Primary Registration District No. | <u>1002</u> |
| City | <u>Madison</u> (NO. <u>2002</u>) | Registered No. | <u>2268</u> |
| FULL NAME <u>Velmas Alvin Common</u> | | St. | Ward |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| SEX <u>Female</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) | DATE OF DEATH <u>July 7</u> , 191 <u>2</u> |
| DATE OF BIRTH <u>March 24</u> , 191 <u>2</u> | AGE <u>4</u> yrs. <u>6</u> mos. <u>3</u> ds. | CHILD | (Month) (Day) (Year) |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Child</u> | (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u> | I HEREBY CERTIFY, that I attended deceased from <u>May 5</u> , 191 <u>2</u> , to <u>July 7</u> , 191 <u>2</u> , that I last saw her alive on <u>July 7</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3 A. M.</u> The CAUSE OF DEATH* was as follows: | |
| BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u> | <u>Malnutrition</u> | | |
| PARENTS | NAME OF FATHER <u>W. K. Common</u> | (Duration) yrs. mos. ds. | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mississippi</u> | Contributory <u>improperly fed.</u> | |
| | MAIDEN NAME OF MOTHER <u>Jessie Malack</u> | (Duration) yrs. mos. ds. | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Indian Territory</u> | (Signed) <u>B. B. Jackson</u> M. D. | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | * State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. | |
| (Informant) <u>H. Harrison</u> | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENTS) | | At place of death yrs. mos. ds. In the State yrs. mos. ds. |
| (ADDRESS) <u>923 West 25th</u> | Where was disease contracted If not at place of death? | | Former or usual residence. |
| Filed <u>U. S. Wheeler</u> 191 <u>2</u> | PLACE OF BURIAL OR REMOVAL <u>Wheeler Cem</u> | | DATE OF BURIAL <u>July 8</u> , 191 <u>2</u> |
| REGISTRAR | UNDERTAKER <u>Derrill Bros</u> | | ADDRESS <u>644 Main</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*, *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.)



PLACE OF DEATH
 County Jackson

Township _____
 or
 Village _____
 or
 City Kansas City (No. 2002 Madison St. _____ Ward _____)

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

Registration District No. 399
 Primary Registration District No. 1002

File No. 22999
 Registered No. 2268

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

FULL NAME Velma Adin Cannon

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE colored SINGLE MARRIED OR DIVORCED Child
(Write the word)

DATE OF BIRTH March 4, 1912
(Month) (Day) (Year)

AGE 4 yrs. 3 mos. 3 ds. IF LESS than 1 day, _____ hrs. or _____ min.

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 5, 1912, to July 7, 1912, that I last saw her alive on July 7, 1912, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Malnutrition

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

PARENTS

NAME OF FATHER C. H. Cannon

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

MAIDEN NAME OF MOTHER Irene Wallace

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

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

Contributory insufficient nourishment
(SECONDARY)

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

(Signed) R. B. Jackson M. D.
July 7, 1912 (Address) Rosedale, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Norman

(ADDRESS) 923 W. 25 St.

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 13 1912 W. S. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL Woodlawn Cem. DATE OF BURIAL July 8, 1912

UNDERTAKER Donville Bros. ADDRESS 644 Commerce

MARGIN RESERVED FOR FINDING

EXACTLY. PHYSICIANS should state exactly, especially age, sex, race, occupation, and cause of death. Exact statement of OCCUPATION is very important. AGE should be properly classified. Exact statement of OCCUPATION is very important.

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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 of 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.)