

PLACE OF DEATH

County

Township

or

Village

or

City

Jackson

Kansas City

(NO.

Registration District No.

399

Primary Registration District No.

1002

File No.

36001

Registered No.

3400

Ward)

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

FULL NAME

Jesus Herrero

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

COLOR OF HAIR

Black

Mexican

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Married

DATE OF BIRTH

Unknown

1886

(Month)

(Day)

(Year)

AGE

26

yrs.

mos.

ds.

If LESS than
1 day, hrs.
or min.?

OCCUPATION

1) Trade, profession, or
particular kind of work

Laborer

2) General nature of industry,
business, or establishment in
which employed (or employer)

Railroad laborer

BIRTHPLACE

City or town,
State or foreign country

Unknown

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

(ADDRESS)

NOV 1 1912

Filed

191

W.S. Whaley

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Oct. 26th

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from
10-7-1912 to 10-26-1912,
that I last saw him alive on 10-25-1912,
and that death occurred, on the date stated above, at 2:30 a.m.
The CAUSE OF DEATH* was as follows:

The CAUSE OF DEATH* was as follows:

Military Tuberculosis

Contributory
(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Duration)

yrs.

mos.

ds.

(Signed)

O. H. Bruce, M. D.

10-26-1912

(Address) Old Gen'l Hospital

*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

Leadmo

DATE OF BURIAL

Nov 1 1912

UNDERTAKER

Cunk & Sons

ADDRESS

3035 Main

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 healthiness of various pursuits can be known. The question arises to each and every person, irrespective of age. In many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician,positor, Architect, Locomotive engineer, Civil engineer, ionary 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. 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 in home, who are engaged in the duties of the household (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*. One 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 removed from business, that fact may be indicated thus: *Teacher (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; Peritonitis, peritonaeum*, etc., *Carcinoma, Sarcoma*, 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 "Asiatica," "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.)