

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			
County	<u>Jackson</u> ✓		Registration District No.	<u>399</u>	File No. <u>39256</u>	
Township	_____		Primary Registration District No.	<u>1002</u>	Registered No. <u>3764</u>	
Village	_____		St.	_____	Ward	_____
City	<u>Kansas City</u> (NO. <u>908 Ind.</u>)		[If death occurred in a hospital or institution, give its NAME instead of street and number]			
FULL NAME <u>Martha A. Burrell</u>						
PERSONAL AND STATISTICAL PARTICULARS			3 MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>December 10</u> , 191 <u>2</u> (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
<u>Nov 11</u> , 18 <u>32</u> (Month) (Day) (Year)			<u>October 26</u> , 191 <u>2</u> , to <u>December 10</u> , 191 <u>2</u> , that I last saw her alive on <u>December 9th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>7 a.m.</u>			
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows:			
<u>80</u> yrs. <u>2</u> mos. <u>29</u> ds.			<u>Septic caemia</u>			
OCCUPATION (a) Trade, profession, or particular kind of work			- <u>170B</u> - <u>15-VB</u> (Duration) ___ yrs. ___ mos. <u>14</u> ds.			
<u>House Keeper</u>			Contributory <u>abscesses of Right Leg</u> (SECONDARY) (Duration) ___ yrs. ___ mos. <u>14</u> ds.			
(b) General nature of industry, business, or establishment in which employed (or employer)			(Signed) <u>John L. Lapp</u> M. D. <u>12/10</u> , 191 <u>2</u> (Address) <u>1924 Walto Bldg.</u>			
BIRTHPLACE (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.			
<u>Penn.</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
PARENTS			At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.			
NAME OF FATHER			Where was disease contracted if not at place of death?			
<u>Louis Burrell</u>			Former or usual residence			
BIRTHPLACE OF FATHER (City or town, State or foreign country)			PLACE OF BURIAL OR REMOVAL			
<u>Penn.</u>			<u>Laeygue Cem.</u> <u>Dec 11</u> , 191 <u>2</u>			
MAIDEN NAME OF MOTHER			UNDERTAKER			
<u>Hart Maria</u>			<u>J. P. Rose</u>			
BIRTHPLACE OF MOTHER (City or town, State or foreign country)			ADDRESS			
<u>Penn.</u>			<u>3128 Indef. Ave</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
(Informant) <u>Miss Martha H. Whitsett</u>						
(ADDRESS) <u>3221 Roberts St.</u>						
DEC 10 1912			REGISTRAR			
Filed 191 <u>2</u>			<u>W. S. Wheeler</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.)



WRITE ONLY, 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 in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Jackson
Township _____
or _____
Village _____
or _____
City Kansas City (NO. _____) St.: _____ Ward _____

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CERTIFICATE OF DEATH

Registration District No. 399 File No. _____
Primary Registration District No. 1002 Registered No. 3764

FULL NAME Martha A. Burrell

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED widowed
OR DIVORCED
(Write the word)
DATE OF BIRTH Nov. 11, 1832
(Month) (Day) (Year)
AGE 80 yrs. 29 mos. 29 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

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

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

PARENTS
NAME OF FATHER Louis Burrell
BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn.
MAIDEN NAME OF MOTHER W. Know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Maud Honihett
(ADDRESS) 3221 Roberts St.

FEB - 6 1913
Filed _____ 1913 _____
REGISTRAR W. S. Whaley

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 26, 1912, to Dec. 10, 1912, that I last saw her alive on Dec. 9, 1912, and that death occurred, on the date stated above, at 7a, m.

The CAUSE OF DEATH* was as follows:
Septicaemia
Infection became general through the abscess of right leg, or of the calf following varicose ulcer
(Duration) yrs. 6 mos. 14 ds.
Contributory Abscess of right leg from (Secondary varicose ulcer)
(Duration) yrs. 2 mos. - ds.
(Signed) John G. Lapp M. D.
12-10-1912 (Address) 1924 Nialto 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 Lacygue Tan. DATE OF BURIAL Dec. 11, 1912
UNDER-TAKER F. P. Rose ADDRESS 382 8th Indep. Ave.

Revised United States Standard Certificate of Death

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

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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 or terminal conditions, such as "*Ashtenia*," "*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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