

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

1 PLACE OF DEATH  
County Jackson 899  
Township Law Registration District No. 1002 File No. 10277  
or  
Village Kansas City Primary Registration District No. 6023 E 16th Registered No. 970  
or  
City Kansas City (NO. 6023 E 16th St.          Ward         )  
2 FULL NAME Ada M Rain

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX B. 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED OR DIVORCED Married  
(Write the word)  
6 DATE OF BIRTH June 18 1890  
(Month) (Day) (Year)

16 DATE OF DEATH March 8 1916  
(Month) (Day) (Year)

7 AGE about 25 yrs. mos. da. If LESS than 1 day.....hrs. or.....min.?

17 I HEREBY CERTIFY, that I attended deceased from 4-5-1915 to 3-8-1916, that I last saw her alive on 3-8-1916 and that death occurred, on the date stated above, at 3:30 p.m.  
The CAUSE OF DEATH\* was as follows:

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

Carcinoma of Uterus  
48  
1/5 1 yrs. 2 mos. da.  
(Duration)

9 BIRTHPLACE (City or town, State or foreign country) Iowa  
10 NAME OF FATHER Richard Berry  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana  
12 MAIDEN NAME OF MOTHER Florence Davis  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

CONTRIBUTORY (Secondary)           
(Duration) yrs. mos. da.  
8 (Signed) J. B. Rain M. D.  
3-9-1916 (Address) 731 1/2 Poplar Ave

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. B. Rain  
6023 E 16th St  
MAR 12 1916

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. da. In the State yrs. mos. da.  
Where was disease contracted if not at place of death?  
Former or usual residence

15 Filed Paul Paquin Registrar  
MAR 12 1916

19 PLACE OF BURIAL OR REMOVAL Forest Hill DATE OF BURIAL March 1916  
20 UNDERTAKER J. H. Duffey ADDRESS 3020 Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. ATTENDING PHYSICIAN should be accurately supplied. ATTENDING PHYSICIAN should be accurately supplied.

# 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, 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 "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.)