

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

22147

1 PLACE OF DEATH

County Jackson
Township Raw
or
Village
or
City Kansas City, Mo.

Registration District No. _____ File No. _____
Primary Registration District No. _____ Registered No. 1003
St. _____ Ward _____

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

2 FULL NAME

James M. Bell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

16 DATE OF DEATH June 13 - 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Mar 12 1868
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 7, 1917 to June 13, 1917
that I last saw him alive on June 13, 1917
and that death occurred, on the date stated above, at 4:57 p.m.

7 AGE 49 3 1
..... yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
acute cholecystitis
174
1276
15
(Duration) yrs. mos. ds.

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

CONTRIBUTORY Cirrhosis of Liver
(Secondary)
(Duration) yrs. mos. ds.

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

PARENTS
10 NAME OF FATHER Wm Bell
11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) Mo
12 MAIDEN NAME OF MOTHER M. Mahan
13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Mo

(Signed) D. E. Browne M. D.
June 14, 1917 (Address) Genl Hospital

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bert F. Tounley
(Address) 4022 Clay

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the 49 3 1
State, yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence 423 W 10th

15 Filed Jun 1 1917
Edw. Jones
Registrar

19 PLACE OF BURIAL OR REMOVAL First Mt DATE OF BURIAL June 16, 1917
20 UNDERTAKER Canale Mass ADDRESS 1915 E 15th

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.

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; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, 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 "Asthemia," "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.)