

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.

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

1 PLACE OF DEATH
County Jackson Registration District No. 999 File No. 20461-555
Township Low or Village Primary Registration District No. 1052 Registered No.
City Kama City, Mo. (NO.) Dep City Hosp St. Ward

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

2 FULL NAME Warren Strang

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE 5 SINGLE MARRIED DIVORCED OR WIDOWED (If wife the word)

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 60 yrs. mos. ds. If LESS than 1 day hrs. or min.?

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

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

PARENTS

10 NAME OF FATHER Warren Strang

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 18 1918 to June 21 1918 that I last saw him alive on 24 June 1918 and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
V3A
28
28
(Duration) yrs. mos. ds.

CONTRIBUTORY Cardiac Dilatation (Secondary)
(Duration) yrs. mos. 2 ds.
(Signed) W. J. Thompson M. D.
June 21 1918 (Address) Dep City Hosp

*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. 1 mos. 6 ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence 18th - Lydia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Cooper
(Address) 1705 College

19 PLACE OF BURIAL OR REMOVAL Maple Hill DATE OF BURIAL 6/29 1918
20 UNDERTAKER Waltham Bros ADDRESS 1729 Lydia

15 Filed 1918 Registrar

Revised United States Standard Certificate of Death

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

Occupation—Precise state

Planter, Physician, Compositor, Engineer, Civil engineer, Stationary fireman, etc. 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 specific 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

Lobar pneumonia; Broncho-pneumonia, unqualified, is indefinite); *Pneumonia of lungs, meninges, peritoneum, etc., Sarcoma, etc., of..... (name of cancer) is.....* Avoid use of "Tumor" for malignant neoplasms. *Measles; Whooping cough; Chronic valvular disease; Chronic interstitial nephritis.* Always 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.)

W. H. ...