

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 (93)
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 33301-95

1 PLACE OF DEATH
 County Jackson
 Township Rau
 Village Kansas City
 City Kansas City (NO 1718 Virginia Ward)

Registration District No. _____ File No. 33301 Q5
 Primary Registration District No. _____ Registered No. _____

2 FULL NAME Forest Armistead

[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 M **4 COLOR OR RACE** Negro **5 SINGLE MARRIED WIDOWED OR DIVORCED** Single
(Write the word)

16 DATE OF DEATH Oct 29 1918
(Month) (Day) (Year)

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

17 I HEREBY CERTIFY, that I attended deceased from Oct 6 1918 to Oct 31 1918, that I last saw him alive on Oct 30 1918, and that death occurred, on the date stated above, at 8 P m.

7 AGE 24 yrs. 0 mos. 0 ds.
 If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

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

34
95B Cardiac Insufficiency

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

(Duration) yrs. mos. ds.
CONTRIBUTORY By phthisis
(Secondary)

10 NAME OF FATHER Ed Armistead

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

12 MAIDEN NAME OF MOTHER Unknown

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

(Duration) yrs. mos. ds.
 (Signed) J. P. Minkoff M. D.
Oct 31 1918 (Address) 1124 2nd

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Olee Armistead
 (Address) 1718 Virginia

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

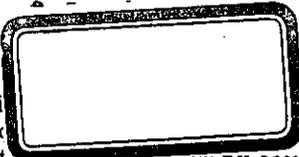
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Board Residents)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

15 Oct 31 1918
 Filed 3 18
W. B. Moore Registrar

19 PLACE OF BURIAL OR REMOVAL Highland **DATE OF BURIAL** Oct 31 1918
20 UNDERTAKER W. B. Moore **ADDRESS** 1104 Ind. Ave.

Revised United States Standard Certificate of Death

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

—Precise statement of occupation, so that the relative merits can be known. The name of every person, irrespective of sex. 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, 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 "*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.)