

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

Do not use this space.

934

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Leone Primary Registration District No. 1007 Registered No. _____
 City Kansas (No. Mary Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence No. 502 Volwood St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-4-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 6 27

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Mauro Gonzalez

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mexico
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilde

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mexico
 (STATE OR COUNTRY)

14. INFORMANT Patricia Mauro Gonzalez
 (Address) 502 Volwood St.

15. FILED Jan 1, 1926 M.M. Crowe
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1 1926

17. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental - Burns
2nd degree Entire body -
clothing fired by playmate

CONTRIBUTORY (SECONDARY) not conflagration

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ (DATE OF _____)

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Inspection
 (Signed) Thomas W. Nelson, M.D.
1-1, 1926 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

16. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL 1-2 1926

20. UNDERTAKER A. Lebbett ADDRESS 901 East 51 1/2

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, 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 ind-

and therefore an additional line is provided tement; it should be used only when mples: (a) *Spinner*, (b) *Cotton mill*, (b) *Grocery*, (a) $\frac{1}{2}$ *Foreman*, (b) *Auto*. The material worked on may form second statement. Never return eman," "Manager," "Dealer," etc., ecise specification, as *Day laborer*, *aborer—Coal mine*, etc. Women at engaged in the duties of the house- paid *Housekeepers* who receive a may be entered as *Housewife*, t home, and children, not gainfully t school or *At home*. Care should ort specifically the occupations of l in domestic service for wages, as *Housemaid*, etc. If the occupation ed or given up on account of the g DEATH, state occupation at bes- ss. If retired from business, that ndicated thus: *Farmer (retired)*, 6 ons who have no occupation what- ne.

of Cause of Death.—Name, first, the g DEATH (the primary affection with and causation), using always the erm for the same disease. Examples: ver (the only definite synonym is brospinal meningitis"); *Diphtheria 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 neoplasm); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "In- anition," "Marasmus," "Old age," "Shock," "mia," "Weakness," etc., when a definite disease be ascertained as the cause. Always qualif- diseases resulting from childbirth or miscarriage "PUERPERAL septicemia," "PUERPERAL periton- etc. State cause for which surgical operation undertaken. For VIOLENT DEATHS state MEAS INJURY and qualify as ACCIDENTAL, SUICIDA HOMICIDAL, or as probably such, if impossible, termine definitely. Examples: *Accidental d ing; struck by railway train—accident; Revolver of head—homicide; Poisoned by carbolic acid— ably suicide*. The nature of the injury, as fra 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.