

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

5403

**1. PLACE OF DEATH**

County Jackson Registration District No. 398 File No. \_\_\_\_\_  
 Township Glenn Primary Registration District No. 5554 Registered No. 62  
 City Kansas City (No. 806 Glenwood Ave Ward \_\_\_\_\_)

**2. FULL NAME**

Miss Emma Amelia Eskington  
 (a) Residence. No. 806 Glenwood Ave Ward \_\_\_\_\_ (If nonresident give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 39 yrs. mos. da. / How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Fe. **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** July 18, 1859

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.**  
71 6 23

**3. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) England

PARENTS

**10. NAME OF FATHER** Isidothy Eskington

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

**12. MAIDEN NAME OF MOTHER** Maria Salt

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

**14. INFORMANT** Miss Frances R. Eskington  
 (Address) 806 Glenwood Ave

**15. FILED** 2-12, 1931 J. H. Cook  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** February 10, 1931

**17. I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_  
Dec 4, 1931, to Dec 10, 1931  
 that I last saw her alive on Dec 10, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
108  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** Cardiac weakness  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

108  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Chas E. Nickerson, M. D.  
2-12, 1931 (Address) Independence

\*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.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Mt. Washington **DATE OF BURIAL** Feb. 12, 1931

**20. UNDERTAKER** W. N. Newcomer's Sons **ADDRESS** K. C. Mo.

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.

# Revised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association.)

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY

1. PLACE OF DEATH.....  
 County.....  
 Township.....  
 City.....  
 2. FULL NAME.....  
 (a) Residence, No.....  
 (Usual place of abode).....  
 Length of residence in city or town where death occurred.....

PERSONAL AND STATISTICAL  
 3. SEX.....  
 4. COLOR OR RACE.....  
 5. SINGLE OR DIVORCED.....  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR).....  
 7. AGE YEARS..... MONTHS.....

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....  
 10. Date deceased last worked at this occupation (month and year).....

12. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY).....

FATHER  
 13. NAME.....  
 14. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY).....

MOTHER  
 15. MAIDEN NAME.....  
 16. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY).....

17. INFORMANT.....  
 (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL.....  
 PLACE..... DATE.....

19. UNDERTAKER.....  
 (ADDRESS).....

20. FILED....., 19.....

"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," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

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.

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