

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

14367

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1884
 Township Kew Primary Registration District No. 1002 Registered No. 1884
 City Kansas City, Mo (No. Research Hospital) St. Ward

2. FULL NAME Charles I. Rose

(a) Residence. No. St. Ward Two Buttes Colorado
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 15 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Mrs. Vivian Rose

17. I HEREBY CERTIFY, That I attended deceased from April 6 1931 to April 21 1931,
 that I last saw h. alive on April 20 1931, and that death occurred, on the date stated above, at 5 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-31-1869

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Glomerular Nephritis

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 7 20

3:10 PM
1:10
1:10 (duration) yrs. 4-6 weeks da.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Minister 199
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) Exposure following auto accident occurred in Denver, Colo. in March (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

10. NAME OF FATHER Jessie B. Rose

DID AN OPERATION PRECEDE DEATH? no DATE OF

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

WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Laboratory
 (Signed) Robert D. Davis M. D.

12. MAIDEN NAME OF MOTHER Dont know

4/21 1931 (Address) 1024 Professional

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

*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.)

14. INFORMANT R. P. Needham
 (Address) 3303 Nonroe Avenue.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Lincoln, Nebraska 4/22/31

15. FILED 4/22 1931 M. M. Corone REGISTRAR

20. UNDERTAKER ADDRESS
Freeman Mortuary, K. C. Mo.

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, 8 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, peritonum*, 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 "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, callulitis, 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.

Miss Crow,
Department, Vital Statistics,
City Hall, Kansas City, Missouri

My dear Miss Crow:

Some time ago you called me in reference to the death report of the Rev. C. I. Rose, who died in Research Hospital, April 21. You wished to know concerning an automobile accident which we listed as a contributory cause of death.

The accident occurred as a result of Mr. Rose running into some loose gravel at which time the car left the graded road and turned over. The date was March 13, 1931 about 5 p. m.

We feel, that, following the exposure, and from the history of the doctor out there, that he developed an acute nephritis as a result of the exposure to the cold due to the accident and the exposure endured while riding into town. The accident occurred between Springfield and Lamar, Colorado.

We were delayed in forwarding you this information because we had to write to Colorado to get the particulars concerning it. We will be glad to furnish you any other information that you may require.

Sincerely yours,

Ronald Davis

RCD S

over

Tabulate this cause.

M. R. Brown

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