

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

26685-a

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 1-3443
 Township Law Primary Registration District No. 1002 Registered No. 3443
 City Kansas City (No. 4 East 63rd St. _____ Ward _____)

2. FULL NAME Mary Jane Wainscott
 (a) Residence. No. 4 East 63rd 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1853

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | 80 | 3 | 21 | |

8. 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) Brooklyn
 (STATE OR COUNTRY) New York

10. NAME OF FATHER not known

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT A. F. Wainscott
 (Address) 4 East 63rd St

15. FILED 8/30, 1933 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30 1933

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1933 to Aug 29, 1933 that I last saw her alive on Aug 29, 1933, and that death occurred, on the date stated above, at 8/30/33 2 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chron Myocarditis
 (duration) 11 yrs. 7 mos. 7 ds.

CONTRIBUTORY (SECONDARY) uremia
 (duration) 2 yrs. 2 mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: clinical symptoms

(Signed) H. S. Prentice, M. D.
8/30, 1933 (Address) 1215 Reath Bldg.

*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 Brooklyn, N. Y. DATE OF BURIAL Aug 30, 1933

20. UNDERTAKER Stine + Mc Clure ADDRESS 3235 Gillham

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.

EXTENDING INFORMATION IS A PERMANENT RECORD

SEP 26 1933

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, 6 yrs.)* For persons who have no occupation whatever, write *Nons*.

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, pneumonia* ("Pneumonia," unqualified, is *Tuberculosis of lungs, meninges, peritonitis, Carcinoma, Sarcoma*, etc., of gin; "Cancer" is less definite; avoid use of for malignant neoplasms) *Measles; Whoop, Chronic valvular heart disease; Chronic nephritis*, etc. The contributory (secondary, tercurrent) affection need not be stated important. Example: *Measles* (disease causing 29 ds.; *Bronchopneumonia* (secondary). Never report mere symptoms or terminal conditions such as "Asthenia," "Anemia" (merely static), "Atrophy," "Collapse," "Coma," "Emissions," "Debility" ("Congenital," "Senile"), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Obstinate," "Shock," "Uremia," "Weakness," etc., definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL sepsis," "PUERPERAL peritonitis," etc. State on which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and as ACCIDENTAL, SUICIDAL, or HOMICIDAL, probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by way train—accident; Revolver wound of homicide; Poisoned by carbolic acid—probably homicide*. The nature of the injury, as fracture of skull, and its consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by the Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of diseases, but not omit any of the above, under any able terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate will be returned for additional information which gives the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, erysipelas, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will be a vast improvement, and its scope can be extended at a future date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.