

1 PLACE OF DEATH

County Jackson
Township Kane

or
Village Kansas City
or
City Kansas City (NO. 821 W 39)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17261

Registration District No. _____ File No. _____

Primary Registration District No. 103

Registered No. _____

St. _____ Ward) _____

{If death occurred in a hospital or institution, give its NAME instead of street and number.}

2 FULL NAME

Caleb Joseph Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Jan

25 1840

(Month)

(Day)

(Year)

7 AGE

79

yr.

mos.

ds.

IF LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

Retired

1/3

9 BIRTHPLACE

(City or town,
State or foreign country)

Iowa

1/3

PARENTS
10 NAME OF
FATHER

Joseph Jones

(Duration) indefinite yrs. mos. ds.

11 BIRTHPLACE
OF FATHER

Kenosha

(Duration) 6 yrs. 6 mos. 0 ds.

12 MAIDEN NAME
OF MOTHER

Anna Houston

(Signed) Ernest G. Jones M. D.

13 BIRTHPLACE
OF MOTHER

Indiana

(Address) 1016 Redd's Bldg.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Wiley

At place of
death. yrs. mos. ds. In the
State. yrs. mos. ds.

(Address) 821 W 39

Where was disease contracted
if not at place of death?

Former or
usual residence.

At home

15

Filed

8/17/1919

Ada Dennis
Dyer
Registrar

16 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

8-28-1919

20 UNDERTAKER

Geo. Stewart & Co

ADDRESS

331 Westport Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 26th 1919 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 2nd 1919, to May 26th 1919, that I last saw him alive on May 26th 1919, and that death occurred, on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic
Interstitial nephritis.

120 (Duration) two yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Contracture of Bladder neck

(Duration) 1 yrs. 6 mos. 0 ds.

(Signed)

Ernest G. Jones M. D.

May 27, 1919 (Address)

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent 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.

At home

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, peritonaeum, 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," "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 child-birth 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.)