

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

5664

1. PLACE OF DEATH
County Jackson

Registration District No. 389

File No.

Township

Primary Registration District No. 1002

Registered No. 615

City Kansas City Mo. (No. Wesley Hospital)

St. Ward

2. FULL NAME Maria Carlisle Hargrove

(a) Residence. No. California Mo. 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR
DIVORCED (write the word)

Fe

Wh

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

William H Hargrove

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18, 1883

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

49

5

19

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) Unknown
(STATE OR COUNTRY) Florida

10. NAME OF FATHER

Julius Carlisle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Union

(STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY) Florida

14. INFORMANT William H Hargrove

(Address) California Mo.

15. FILED 77 19 33 M. M. Grove
Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1933

17.

I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to Feb 7, 1933
that I last saw him alive on Feb 6, 1933, and that
death occurred, on the date stated above, at 20 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of Ovary
with metastasis
& ascites

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 4/10

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Blaggy, M. D.

, 19 (Address) K. C. Mo.

*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

California Mo.

DATE OF BURIAL

2/7/33

20. UNDERTAKER

Morticians Service Co.

ADDRESS

819 31 St.

Revised United States Standard Certificate of Death

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

Statement of Occupation.—Precise statement of is very important, so that the relative is of various pursuits can be known. The plies to each and every person, irrespec-

For many occupations a single word or first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotor*, *Civil Engineer*, *Stationary Fireman*, etc. y cases, especially in industrial employ- necessary to know (a) the kind of work the nature of the business or industry, re an additional line is provided for the ment; it should be used only when needed. s: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales- ocery*; (a) *Foreman*, (b) *Automobile fac-* material worked on may form part of the ment. Never return "Laborer," "Fore- nager," "Dealer," etc., without more ification, as *Day laborer*, *Farm laborer*, *al mine*, etc. Women at home, who are he duties of the household only (not paid s who receive a definite salary), may be *Housewife*, *Housework* or *At home*, and t gainfully employed, as *At school* or *At* should be taken to report specifically tions of persons engaged in domestic vages, as *Servant*, *Cook*, *Housemaid*, etc. ation has been changed or given up on the DISEASE CAUSING DEATH, state occu-

pation at beginning of illness. If retired from busi- ness, that fact may be indicated thus: *Farmer (re-* tired, 6 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*; *Broncho-* pneumonia ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name ori- gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless im- portant. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptom- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth 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 rail-* way 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 undesir- able 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, hemor- rhage, 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.