

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.

WAHDE I KEMNLI, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH

County Jackson  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kansas City, Mo. (NO. 1002)

Registration District No. 399 File No. 16541  
Special Registration District No. 1002 Registered No. 18  
St. 6 Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Felix Clappa

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED S  
(Write the word)

DATE OF BIRTH Jan 29, 1910  
(Month) (Day) (Year)

AGE \_\_\_\_\_ yrs. 5 mos. \_\_\_\_\_ ds. IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Iowa

PARENTS  
NAME OF FATHER Costa Clappa  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Greece  
MAIDEN NAME OF MOTHER Palma Ghiggeri  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Xan City

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Palma Ghiggeri  
(ADDRESS) 702 W 17 St.

Filed JUN 2 1910 Reed Davis  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 29, 1910, to May 31, 1910, that I last saw him alive on May 31, 1910, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Intestines

25  
(Duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. J. Jarwick M. D.  
6-1 1910 (Address) 1313 Grand

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds. In the State \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? 702 W 17th  
Former or usual residence 702 W 17th

PLACE OF BURIAL OR REMOVAL St. Mary's DATE OF BURIAL June 2 1910  
UNDERTAKER J. Wagner ADDRESS 1409 Grand

# 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*, *Compositor*, *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 Dealer*, etc., without more precise specification, a *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. *Material* at home, who are engaged in the duties of the household, may be entered as *Housewife*, *Housework*, or *At home*, as children, not gainfully employed, as *At school* or *At home*, etc. Care should be taken to report specifically the occupation of persons engaged in domestic service for wages, as *Wanted*, *Cook*, *Housemaid*, etc. If the occupation has 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, as *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first state DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the correct (re-accepted term for the same disease. Examples: *meningitis*); *Epid cerebrospinal meningitis*"); *Diphtheria* (avoid use, the "Croup"); *Typhoid fever* (never report "Typhoid with remission"); *Lobar pneumonia*; *Bronchopneumonia* ("P same monia," unqualified, is indefinite); *Tuberculosis of the Cerebrum*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. (name origin; "Cancer" is less definite; use of "Tumor" for malignant neoplasms); *Measles*, *monia*, *ulosis*, *Sar-*

*coma*, 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 childbirth 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.)

