WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH

County Jackson

Township Kaw

or Village Kansas

or City City Mo (NO. General Hospital St.: Ward)

Registration District No. 399

Primary Registration District No. 1002

File No. 36000

Registered No. 3399

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

FULL NAME Calsgero Lancelo

PERSONAL AND STATISTICAL PARTICULARS

SEX Fl

COLOR OR RACE W.

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH April (Month) 7 (Day) 1888 (Year)

AGE 24 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

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

(b) General nature of industry, business, or establishment in which employed (or employer) Wife

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

PARENTS

NAME OF FATHER Rosario Gennuso

BIRTHPLACE OF FATHER (City or town, State or foreign country) Italy

MAIDEN NAME OF MOTHER Giuseppa Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Faro Langlo

(ADDRESS) 1133 E Moore

Filed NOV 1 1912 191 W. S. McKeely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 31 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from July 1, 1912, to Oct 31, 1912, that I last saw her alive on Oct 30, 1912, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

23A

Pulmonary tuberculosis

(Duration) 2-3 yrs. — mos. — ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) Logan Clendening M. D.

Oct 31 1912 (Address) 1025 Realty Bldg

*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 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

PLACE OF BURIAL OR REMOVAL Mt St Mary

DATE OF BURIAL Nov 1 1912

UNDERTAKER Leo J Stewart Co

ADDRESS 1212 McGee St

1025
4776 m.

proved by U. S. Census and American Public Health Association]

tatement of occupation.—Precise statement of oc-
on is very important, so that the relative health-
of various pursuits can be known. The question
to each and every person, irrespective of age.
any occupations a single word or term on the first
ll be sufficient, e. g., *Farmer* or *Planter*, *Physician*,
itor, *Architect*, *Locomotive engineer*, *Civil engineer*
ary fireman, etc. But in many cases especially
al employments, it is necessary to know (*a*) the
work and also (*b*) the nature of the business or
y, and therefore an additional line is provided for
ter statement; it should be used only when needed.
mples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*,
cery; (*a*) *Foreman*, (*b*) *Automobile factory*. *The*
l worked on may form part of the second state-
Never return "Laborer," "Foreman," "Manager,"
," etc.,—without more precise specification, as *Day*
Farm laborer, *Laborer—Coal mine*, etc. Women
e, who are engaged in the duties of the household
ot paid *Housekeepers* who receive a definite salary),
entered as *Housewife*, *Housework*, or *At home*, and
n, not gainfully employed, as *At school* or *At home*.
ould be taken to report specifically the occupations
ons engaged in domestic service for wages, as *Ser-*
ook, *Housemaid*, etc. If the occupation has been
d or given up on account of the DISEASE CAUSING
state occupation at beginning of illness. If re-
rom business, that fact may be indicated thus:
(*retired, 6 yrs.*). For persons who have no occu-
whatever, write *None*.

atement of cause of death.—Name, first, the
E CAUSING DEATH (the primary affection with re-
to time and causation), using always the same
ed term for the same disease. Examples: *Cere-*
nal fever (the only definite synonym is "Epidemic
ospinal meningitis"); *Diphtheria* (avoid use of
p"); *Typhoid fever* (never report "Typhoid pneu-
"); *Lobar pneumonia; Bronchopneumonia* ("Pneu-
monia," 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 chi[illegible] or mis-carriage, as "PUERPERAL *septichaemia peritonitis*," etc. State cause for which s[illegible] was undertaken. For VIOLENT DEATHS [illegible] INJURY and qualify as ACCIDENTAL, SU[illegible] CIDAL, or as *probably* such, if impossi[illegible] definitely. Examples: *Accidental drow[illegible] railway train—accident; Revolver wound o[illegible] Poisoned by carbolic acid—probably suic[illegible]* 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.)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (City or town, State or

THE ABOVE IS TRUE TO

(Informant)