

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Jackson

399

File No. 13314

Township _____

Registration District No. 1002Registered No. 1403

or Village _____

Primary Registration District No. 1002

St. _____ Ward _____

or City Kansas city (NO. 1436 East 3rd)

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

FULL NAME Maria Lo chiano

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>fm</u>	COLOR OR RACE <u>white</u>	MARRIED <u>married</u>
DATE OF BIRTH <u>Unknown</u>		
AGE <u>30</u> yrs. <u>0</u> mos. <u>0</u> ds.		

DATE OF DEATH
April 23, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Apr. 18, 1913, to April 23, 1913, that I last saw her alive on Apr. 23, 1913, and that death occurred, on the date stated above, at 120 m.

The CAUSE OF DEATH* was as follows:

Septic Metritis & peritonitis following child birth.OCCUPATION
(a) Trade, profession, or particular kind of work House wife 1451
(b) General nature of industry, business, or establishment in which employed (or employer) none 1451BIRTHPLACE
(City or town; State or foreign country) Italy 9-0

PARENTS	NAME OF FATHER <u>Antonina Navarra</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Italy</u>
	MAIDEN NAME OF MOTHER <u>Giuseppina Favara</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Italy</u>

Contributory (SECONDARY)
120
(Duration) 10 yrs. 0 mos. 0 ds.
(Signed) Max Sedman M. D.
24 - 1913 (Address) Pratts Bluff

*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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.Where was disease contracted
If not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ignazio Campobasso(ADDRESS) 1209 East 5thAPR 24 1913 W.S. WheelerFiled _____ 1913 REGISTRAR

PLACE OF BURIAL OR REMOVAL

Mc. St. Marys

DATE OF BURIAL

April 25, 1913

UNDERTAKER

A. Subbeto

ADDRESS

603 East 5th

This statement of OCCUPATION is very important.

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*; (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 *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, peritoneum*, 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 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.)