

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

18389

1. PLACE OF DEATH

County Jackson Registration District No. 303 File No. 9509
 Township Russ Primary Registration District No. 1052 Registered No. 1
 City Wasson city (No. 2596 Prospect) St. Prospect Ward

2. FULL NAME

(a) Residence. No. 2596 Prospect St. Prospect Ward. Prospect
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Costanza Triggie</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 14 - 1870</u>				
7. AGE	YEARS <u>52</u>	MONTHS <u>10</u>	DAYS <u>10</u>	IF LESS than I day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Doctor</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Cerde</u> (STATE OR COUNTRY) <u>Italy</u>				
PARENTS	10. NAME OF FATHER <u>Antonio Triggie</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Giovanna Rao</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)				
14. INFORMANT <u>Costanza Triggie</u> (Address) <u>7596 Prospect</u>				
15. FILED <u>6/8, 1922</u> <u>M. M. Crowe</u> REGISTAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1922

17. I HEREBY CERTIFY, That I attended deceased from June 7th 1922 to June 7th 1922 that I last saw him alive on June 7th 1922, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Uremia - Kallmann's @
Quinone of Prestate
510
1324 (duration) 30 ds.

CONTRIBUTORY Quinone of Prestate
 (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hard nodules from
kidney
 (Signed) Dr. J. M. Crowe
6/8, 1922 (Address) 1010 Reatto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>mt. st marys</u>	DATE OF BURIAL <u>June 9 1922</u>
20. UNDERTAKER <u>R. Schick</u>	ADDRESS <u>401 East 5th</u>

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.

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*; (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"); *Lo 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 neoplasma); *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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth 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 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.)

NOTE.—Individual offices may add to above list of undesirable 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, hemorrhage, 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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. 7596 Prospect) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Benedetto Tripi Rao

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Concetta Roccifiorita
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 10 10 _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1922
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to June 7, 1922, Death is said to have occurred on the date stated above, at 12 m. The principal cause of death and related causes of importance were as follows: Uremia following carcinoma of prostate Date of onset _____
 Other contributory causes of importance: Carcinoma of prostate

12. BIRTHPLACE (CITY OR TOWN) Cerda, Palermo, Italy (STATE OR COUNTRY)

13. NAME Antonino Tripi

14. BIRTHPLACE (CITY OR TOWN) Italy (STATE OR COUNTRY)

15. MAIDEN NAME Giovanna Rao

16. BIRTHPLACE (CITY OR TOWN) Italy (STATE OR COUNTRY)

17. INFORMANT Concetta Roccifiorita Tripi (ADDRESS) 7596 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St. Mary DATE June 9, 1922

19. UNDERTAKER A. Sebbeto (ADDRESS) 901 East 5th St.

20. FILED _____, 19____ Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2
 10094-11-24-33

AFFIDAVIT

STATE OF CALIFORNIA,)
County of San Francisco,) SS.
City of San Francisco.)

I, Giovannina Tripi, residing at 2779 Folsom Street, San Francisco, California, being duly sworn depose and say:

That I am the daughter of Benedetto Tripi Rao, who died in Kansas City, Missouri, on June 7, 1922, and that he is the son of Antonino Tripi and Giovanna Rao;

That his correct name is Benedetto Tripi Rao;

That his wife's maiden name is Concetta Rocco Fiorita;

That he was born in Cerda, Province of Palermo, Italy;

That this affidavit is made for the purpose of correcting the death certificate of Benedetto Tripi Rao on filed with the Missouri State Board of Health, Bureau of Vital Statistics, Jefferson City, Missouri.

San Francisco, California, January 4, 1935.

Giovannina Tripi

Subscribed and sworn to before me,
a Notary Public, in and for said
County, this 4th day of January, A.
D. 1935

John W. Traynor

Notary Public

My Commission Expires _____