

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

41041

PLACE OF DEATH

County Jackson
Township Waverly
or Waverly
Village Waverly
or
City

Registration District No. 404 File No. 41041
Primary Registration District No. 3338 Registered No. 5-4

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

FULL NAME Roger Brown Rape

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word)

6 DATE OF BIRTH Dec 18 1929
(Month) (Day) (Year)

7 AGE 0 yrs 0 mos 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry business or establishment in which employed (or employer) ✓

9 BIRTHPLACE (City or town, State or foreign country) Grandview, Mo.

PARENTS

10 NAME OF FATHER W.A. Rape

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Okla.

12 MAIDEN NAME OF MOTHER Inez Cheek

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Okla.

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Dec 29 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 18 1929 to Dec 29 1929, that I last saw him alive on Dec 28 1929, and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:
Congenital Heart Disease
1570

(Duration) yrs. mos. ds. 15 yrs 9 mos 17 ds.

CONTRIBUTORY (Secondary) Transients

(Duration) yrs. mos. ds. 15 yrs 9 mos 17 ds.

(Signed) Joe T. Brunner M.D.
12/29 1929 (Address) Grandview Mo.

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

18 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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.A. Rape
(Address) Grandview Mo.

15 Filed 12.30 1929 of St. Rose Registrar

19 PLACE OF BURIAL OR REMOVAL Grandview, Mo. DATE OF BURIAL 12/30 1929

20 UNDERTAKER Carl Thompson Sons ADDRESS Grandview, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE in plain terms.

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, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the

also (b) the nature of the business or refore an additional line is provided for nt; it should be used only when needed.

Spinner, (b) Cotton mill; (a) Salesman, Foreman, (b) Automobile factory. The

on may form part of the second statement "Laborer," "Foreman," "Manager," thout more precise specification, as *Day orer, 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, 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 childbirth or miscarriage, as "PUERPERAL septichaemia," "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.)