

WHILE 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 _____ or _____
Village _____ or _____
City Kansas City NO. 1418 Euclid St. 9 Ward) File No. 38298
Registration District No. _____ Primary Registration District No. 7002 Registered No. 4118
FULL NAME Salomon Gammara (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)
DATE OF BIRTH Dec 16, 1910 (Month) (Day) (Year)
AGE 11 yrs. 11 mos. 11 ds. or 158 min. If LESS than 1 day, hrs. or 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) K.S. Mo.

PARENTS
NAME OF FATHER S. Gammara
BIRTHPLACE OF FATHER (City or town, State or foreign country) Bayreuth
MAIDEN NAME OF MOTHER Ann d Harris
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bayreuth

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Salomon Gammara
(ADDRESS) 1418 Euclid

Filed DEC 28 1910 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27, 1910 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 20, 1910, to Dec 27, 1910, that I last saw him alive on Dec 27, 1910, and that death occurred, on the date stated above, at 30 m. The CAUSE OF DEATH* was as follows:

Intermittent Hematuria

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Malnutrition

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. M. Smith M. D.
Dec 27, 1910 (Address) 203 E 17

*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 St. Mary DATE OF BURIAL Dec 28, 1910
UNDERTAKER Fairweather & Smith ADDRESS _____

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,

DEATH, state occupation at beginning of life, if persons engaged in business, that fact may be indicated by *Farmer (retired, 8 yrs.)*. For persons who have changed or given up their occupation, write *None*.

Statement of cause of death.—Name of disease causing death (the primary affection, as to time and causation), using always the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is *cerebrospinal meningitis*); *Diphtheria* (always "Croup"); *Typhoid fever* (never report "Typhoid meningitis"); *Lobar pneumonia*; *Bronchopneumonia*, unqualified, is indefinite; *Tuberculosis meningitis*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; report "Typhoid meningitis"; *Tuberculosis meningitis*; *Tuberculosis meningitis*; *Carcinoma*, *Sarcoma*, etc.)

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.)

