

## 1 PLACE OF DEATH

County BuchananTownship BuchananVillage St. JosephCity St. JosephMISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 85 File No. 7879 26Primary Registration District No. 1001 Registered No. 326(No. St. Joseph's Hospital St.            Ward)

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

2 FULL NAME Dia Comello

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married6 DATE OF BIRTH December 13, 1862  
(Month) (Day) (Year)7 AGE 55 yrs. 2 mos. 24 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Household  
(b) General nature of industry, business, or establishment in which employed (or employer) At Home9 BIRTHPLACE (City or town, State or foreign country) Italy10 NAME OF FATHER Phillipo Datillo11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Italy12 MAIDEN NAME OF MOTHER Josie Pirania13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Italy14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Vincent Comello  
(Address) 922 Edmond St.15 Mar 14 1918 H. O. Sidney Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 7, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Feb 1 1914 to March 7 1918, that I last saw him alive on March 1918, and that death occurred, on the date stated above, at 1009 a.m.The CAUSE OF DEATH\* was as follows:  
Cholecystitis  
1370  
1370CONTRIBUTORY Surgical Shock  
(Secondary) (Duration) 4 yrs.            mos.            ds.(Signed) H. O. Sidney M. D.  
March 7 1918 (Address) 822 Edmond St.

\*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. 1 ds. In the State            yrs.            mos.            ds.Where was disease contracted if not at place of death? 922 Edmond St.Former or usual residence 922 Edmond St. St. Joseph, Mo19 PLACE OF BURIAL OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Mar. 11, 191820 UNDERTAKER H. O. Sidney ADDRESS 215 No. 10<sup>th</sup> St.

# 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"); *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.)

## 1 PLACE OF DEATH

County BuchananREGISTRARS SHALL NOT RECEIVE  
A FEE FOR CERTIFICATES UNTIL THEY  
ARE COMPLETED AS PRESCRIBED BY  
LAWMISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHTownship \_\_\_\_\_  
or \_\_\_\_\_Registration District No. 85

File No. \_\_\_\_\_

Village \_\_\_\_\_  
or \_\_\_\_\_Primary Registration District No. 1001Registered No. 326City St. Joseph(NO. St. Joseph Hosp - St.)

Ward) \_\_\_\_\_

[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.]2 FULL NAME Nia Cornello

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W. 5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED M.  
(Write the word)6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) 1 (Year)7 AGE \_\_\_\_\_  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.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) \_\_\_\_\_10 NAME OF  
FATHER \_\_\_\_\_11 BIRTHPLACE  
OF FATHER  
(City or town, State or foreign country) \_\_\_\_\_12 MAIDEN NAME  
OF MOTHER \_\_\_\_\_13 BIRTHPLACE  
OF MOTHER  
(City or town, State or foreign country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

15 Filed May 14 1918 H. J. Samater (M.D.)  
Regist.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 7 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from  
\_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Cholecystitis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Myocardial infarction  
(Secondary) Cholesterol

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Gustav A. Fox M. D.

\_\_\_\_\_, 191\_\_\_\_ (Address)

\*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 \_\_\_\_\_19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_  
\_\_\_\_\_, 191\_\_\_\_20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Supplied

Original file, date \_\_\_\_\_, 19\_\_\_\_

All information called for must be written on this Supplementary Certificate.

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[Approved by U. S. Census and American Public Health  
Association]

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7879  
*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), 29ds.; *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.)