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

Do not use this space.

4938

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 596

Township Kaw — Primary Registration District No. 1002 — Registered No.

City K.C. Mo (No. 901 E 5th St. Ward)

2. FULL NAME Paul Bruscato

(a) Residence. No. 901 E 5th st KC Mo St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
m	white	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jioseppa Bruscato

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Frank Bruscato

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Mary Buzzardi

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Italy

14. INFORMANT A. Sebbeto
(Address) 901 East 5th st KC Mo

15. FILED 2/10, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-3, 1928, to 2-9, 1928, that I last saw him alive on 2-8, 1928, and that death occurred, on the date stated above, at 4:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

12 D

10 A 90 A

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl A Jackson, M. D

2-9, 1928 (Address) 513 Commerce City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Mary's	2-11 1928
20. UNDERTAKER	ADDRESS
A. Sebbeto	City

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.