

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

Do not use this space.

41027

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Hanscas (No. 213 Cherry St)

File No. _____
Registered No. 5015 St. _____ Ward _____

2. FULL NAME

Giuseppe Saia
(a) Residence. No. 213 Cherry 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Margherita Saia Margherita La Barba

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labor
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy

PARENTS

10. NAME OF FATHER Giuseppe Saia
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Concetta Margherita
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT Christ Saia
(Address) 213 Cherry

15. FILED 12/18/31 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-18-1931

17. I HEREBY CERTIFY, That I attended deceased from 12-16 1931, to 12-18 1931.
That I last saw him alive on 12-12 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Labor Pneumonia

108 / 108 (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

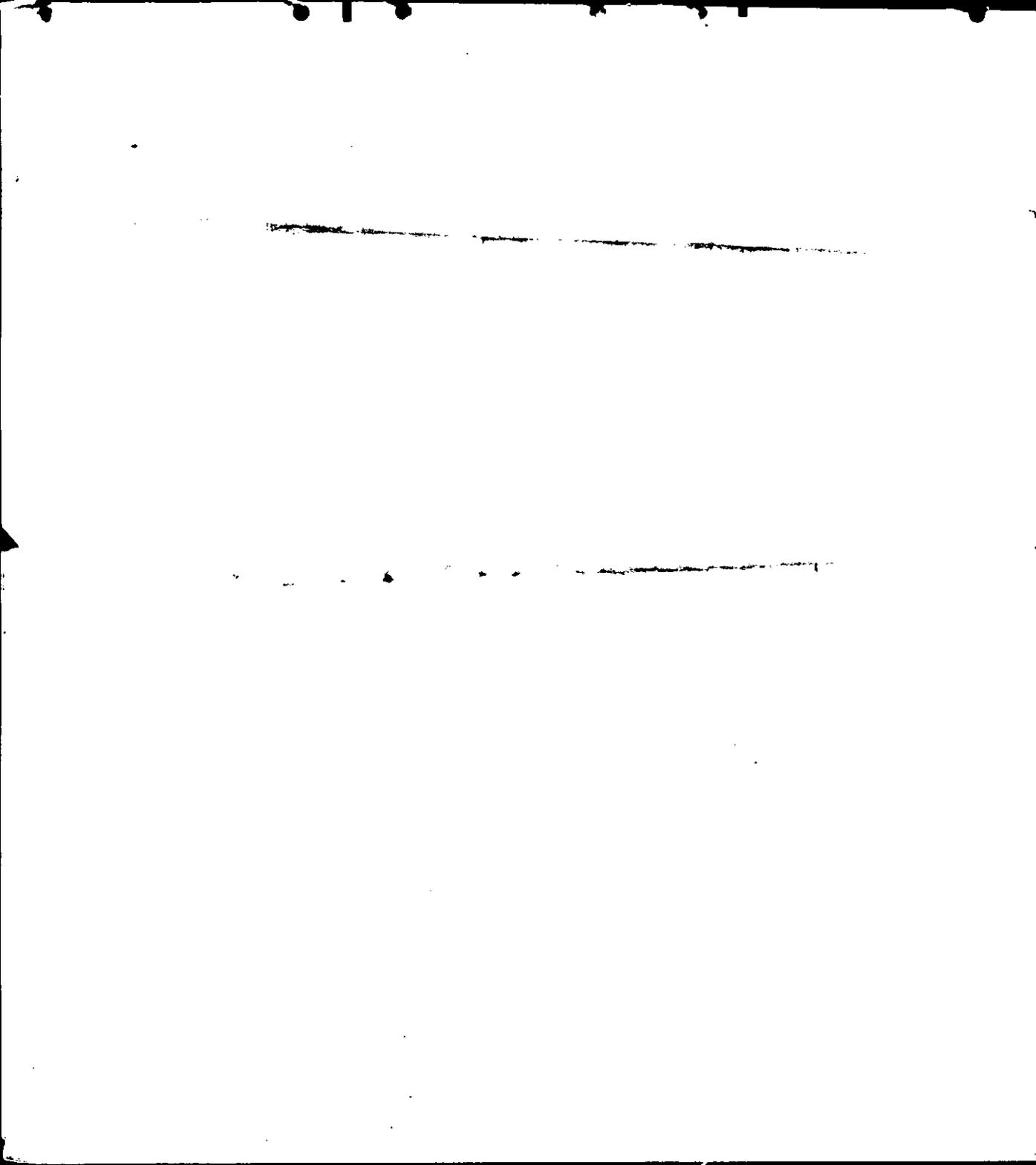
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physical Exams
(Signed) W. T. Hall, M. D.
12/18, 1931 (Address) 737 Latop Bld.

*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
Mt. St. Mary Cemetery 12-21-1931

20. UNDERTAKER ADDRESS
Passantino Bros 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.



A F F I D A V I T

STATE OF MISSOURI }
COUNTY OF JACKSON }

FRANK BENANTI, of lawful age, first being duly sworn upon his oath, deposes and says that he was well acquainted with Guisseppe Saia, who died December 18, 1931, at Kansas City, Jackson County, Missouri.

Affiant further states that the maiden name of deceased's wife, is Margherita LaBarba; and the maiden name of deceased's mother, is Concetta Milliotto.

Affiant further saith not.

Frank Benanti

Subscribed and sworn to before me, this 16 day of July, 1934.

My commission expires May 2 1936

Robert Muller
Notary Public.