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

Do not use this space.

4621

473

1. PLACE OF DEATH

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

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

City Kansas city (No. St mary Hospital St. ..... Ward)

2. FULL NAME Bartolo Accursa

(a) Residence. No. 1127 East 5th St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| m. | white | single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1930

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 1 | 6 7 | 13 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: child

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

(c) Name of employer: non

9. BIRTHPLACE (CITY OR TOWN) Kansas city
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joe accursa

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... 16
(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Finell Donnice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas city
(STATE OR COUNTRY) Missouri

14. INFORMANT Joe accursa
(Address) 1127 East 5th st

15. FILED 2/6, 1932 M. M. Crowe
asst. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Feb 4, 1932 that I last saw him alive on Feb 3, 1932 and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute bronchopneumonia (Primary) 110A 109B

(duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) Empyema

(duration) ..... yrs. ..... mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? yes - Drainage of empyema

DATE OF abant Jan 16/32

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray and operation

(Signed) Frank C. Neff, M. D.

Feb 6, 1932 (Address) 214 Medicine bldg

*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 | feb. 6 1932 |
| 20. UNDERTAKER | ADDRESS |
| A. Sebeto | 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.