

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

Do not use this space.

9422

1507

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. ....  
Primary Registration District No. (No. 321 Troost Ave)

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 321 Troost Ave St. .... 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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>4</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gabor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation none

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

FATHER 13. NAME Vincenzo Gigliotti

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

MOTHER 15. MAIDEN NAME Concetta Cerra

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

17. INFORMANT (ADDRESS) Jim Gigliotti 321 Troost Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys DATE April 3, 1933

19. UNDERTAKER (ADDRESS) A. DeBito 901 East 5th St City

20. FILED 4-1-1933 M. M. Campbell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 23, 19... to Mar 31 - 33, 19... I last saw him alive on 2-21-33, 19... Death is said

to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach  
4610  
4610

Other contributory causes of importance: .....

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chemically Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19... Where did injury occur? .....

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) DM Wignall M. D.  
(Address) 531 Argyle Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

16 337

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned land.

The land in question is situated in the County of [County Name],  
 State of [State Name], and is more particularly described as  
 follows:

[Detailed description of the land, including acreage, location, and any  
 relevant survey information.]

The land is owned by [Owner Name], who is the holder of the  
 title to the same.

The land is subject to the following conditions:

- [Condition 1]
- [Condition 2]
- [Condition 3]

It is noted that the land is not subject to any other  
 claims or encumbrances.

The above information is true and correct to the best of the  
 knowledge of the undersigned.

[Signature]

[Title]