

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

Do not use this space. ✓

APR 1 1935

5669

1. PLACE OF DEATH

City Jackson Registration District No. 300

Township Waco Primary Registration District No. 1002

City Kansas City (No. KC General Hosp) St. Mo. Ward 1238

File No. _____
Registered No. 1238
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 610 E 5th 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|---|---|---|------|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | |
| | | <u>no record</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>no record</u> | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>no record</u> | | | |
| 7. AGE | YEARS | MONTHS | DAYS |
| | <u>no record</u> | ✓ | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| | 10. Date deceased last worked at this occupation (month and year) | | |
| | 11. Total time (years) spent in this occupation | | |
| MOTHER FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> | | |
| | 13. NAME <u>no record</u> | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u> | | |
| | 15. MAIDEN NAME <u>no record</u> | | |
| MOTHER FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u> | | |
| | 17. INFORMANT <u>no record</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | |
| PLACE <u>Lead</u> | | DATE <u>3-27-35</u> , 19 <u>35</u> | |
| 19. UNDERTAKER <u>Peter B. Sapetling</u> | | | |
| (ADDRESS) <u>536 Campbell St</u> | | | |
| 20. FILED <u>3-27</u> , 19 <u>35</u> <u>M. M. Crowe</u> Registrar. | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1935, to 2-28, 1935
I last saw him alive on 2-28, 1935. Death is said to have occurred on the date stated above, at 11:10 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis with nephritis, chr. Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935
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) [Signature] M. D.
(Address) KC General Hosp KC Mo.

Errors of printer in plain terms so that it may be properly assessed. Exact statement of OCCUPATION is very important.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

5667
1322

1. PLACE OF DEATH

County Rock

Registration District No. 399

File No. 1322

Township 31

Sanitary Registration District No. 1002

Registered No. 1322

City St. Joseph

(No. General Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2010 E 54 St. _____ Ward _____

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED No Record

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Record

22. I HEREBY CERTIFY, That I attended deceased from 2-27-35 to 2-28-35

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

I last saw him alive on 2-28-35 Death is said to have occurred on the date stated above, at 11:00 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 50

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No Record
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Record
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Chronic Myocarditis with Nephritis
Other contributory causes of importance _____

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

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13. NAME No Record

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeds DATE 3-27-35

19. UNDERTAKER (ADDRESS) Lapina - P. B. 536 Campbell

20. FILED 3-27-35 M. M. Crow Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 decedent? _____

If so, specify _____ (Signed) J. H. Jennett M. D.

(Address) General Hospital

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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