

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.

JUL 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township
City Kansas City

Registration District No. 300
Primary Registration District No. 2000
No. Leeds 113 Hosp

File No. 19822
Registered No. 3
St. Ward

2. FULL NAME

(a) Residence, No. 315 Cherry St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 Paul Spera		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1904		
7. AGE YEARS 30	MONTHS 7	DAYS 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.		
13. NAME Antonio Gasala		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy		
15. MAIDEN NAME Frances Milana		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy		
17. INFORMANT K. D. J. Hosp (ADDRESS) Leeds Station		
18. BURIAL, CREMATION, OR REMOVAL PLACE mt. st. mary DATE June 17 1935		
19. UNDERTAKER (ADDRESS) - A. Bebluta		
20. FILED 1-16-35 M. M. Crowe Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 8 1934, to June 17 1935
I last saw her alive on June 19 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1923

Other contributory causes of importance:
none

Name of operation Phrenotomy Date of April 1934
What test confirmed diagnosis? Sputum 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? No
If so, specify
(Signed) J. Hoffmann, M. D.
(Address) K. D. Tuberculosis Hospital
Leeds Mo.

