

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

Do not use this space.

23242

1. PLACE OF DEATH

County Jackson
Township East
City Kansas

Registration District No. 399
Primary Registration District No. 1002
(No. Leffington & Mantgall)

File No. _____
Registered No. 2535
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 313 Olive St., _____ Ward.

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18, 1886</u>		
7. AGE	YEARS	MONTHS
<u>49</u>	<u>—</u>	<u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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. Ice Peddler

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) Italy

13. NAME Louis Patti

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

15. MAIDEN NAME Angeline Pazzolota

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

17. INFORMANT (ADDRESS) Louis Patti
313 Olive St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Marys DATE 7-27-35

19. UNDERTAKER (ADDRESS) Parsantino Bros
K C Mo

20. FILED July 26, 1935 M. M. Cerone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24/35, 19

22. I HEREBY CERTIFY that I attended deceased from _____, 19

I last saw him alive on _____, 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:

Heart Examination Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

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) _____, M. D.

(Address) _____

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

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.

