NOV 21 1935

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

Do not use this space.

32774

File No.
Registered No. 3073

1. PLACE OF DEATH
County Jackson — Registration District No. 300
Township Kaw — Primary Registration District No. 3003
City Kansas (No. 713 Cherry St. Ward)

2. FULL NAME Margarite Saia
(a) Residence, No. 713 Cherry 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.

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

Corrected Feb. 7, 1939 by affidavit T. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 ~~1865~~ 1849

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
~~67~~ 86	1	2	

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. Home
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

FATHER
13. NAME Chris ~~Saia~~ LA BARBA
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Gusseppa Cutia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Mrs Phillip Caldrello
(ADDRESS) 1634 W 9th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Mary DATE 10- — 1935

19. UNDERTAKER Passantino Bros
(ADDRESS) K.C. Mo

20. FILED 10-16, 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-, 1935

22. I HEREBY CERTIFY, That I attended deceased from Injury, 1935, to, 19..
I last saw h.. alive on 1 Sep 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:

	Date of onset
Contusion of Lungs	
Fracture of right leg	
Bronchopneumonia	

Other contributory causes of importance:
Pleurisy 3 d.

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 10/14/35
Where did injury occur? 713 Cherry St Kans (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by motor car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) , M. D.
(Address)

See affidavit in mine file D. H 144 - 1939