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.

REC'D MAY 9 1938

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

Do not use this space.

File No. 13592
Registered No. 1572

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Research Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Frank Calia 480
(a) Residence, No. 520 Tracy 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: male
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: Jennie Calia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23 1889
7. AGE: YEARS 48 MONTHS 10 11 DAYS 17 ~~23~~ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Italy

FATHER
13. NAME John Calia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Maria Lagrasa
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Itay

17. INFORMANT (ADDRESS) Joh Calia Son 520 Tracy
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. st Mary's DATE April 13 1938
19. UNDERTAKER (ADDRESS) A. Sebbeto 901 East 5th st
20. FILED Apr 12 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1938
22. I HEREBY CERTIFY, That I attended deceased from april 3rd 1938, to to april 10 1938
I last saw him alive on april 10 1938 Death is said to have occurred on the date stated above, at 12 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	4-3-38
108	
Other contributory causes of importance: Acute lobar double Pneumonia	4-2-38

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Anthony Saladino, M. D.
(Address) 721 Rialto Bldg