

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 519)

Registration District No. 399
Primary Registration District No. 1002

File No. 17521
Registered No. 2218
St. _____ Ward _____

2. FULL NAME

Marco Gulotta
(a) Residence, No. 519 Gillis 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

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

Marie Gulotta 1869

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 16 - 1869

7. AGE

YEARS

68

MONTHS

8

DAYS

13

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

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

Mechanic

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

13. NAME

Tony Gulotta14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Italy

15. MAIDEN NAME

Elizabeth Melicito16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Italy17. INFORMANT
(ADDRESS)John Gulotta
519 Gillis

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's DATE 6/1 1938

19. UNDERTAKER
(ADDRESS)A. Schmitt
901 East 5th St

20. FILED

May 31, 1938 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 193822. I HEREBY CERTIFY, That I attended deceased from Mar 3 1938 to May 29 1938I last saw him alive on 16 May 1938. Death is saidto have occurred on the date stated above, at 2 a.m.

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

Cancer of stomach with
metastases to both lungs -
severely 46/2

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? May Was there an autopsy? M

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) P. H. De Marco, M. D.(Address) 406 W. Adams Blvd

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.

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