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

Do not use this space.

40883

File No. .....

Registered No. 5260

1. PLACE OF DEATH

County Jackson — Registration District No. .....

Township Law — Primary Registration District No. .....

City Kansas City (No. Kansas City Genl Hosp St. ..... Ward)

2. FULL NAME Bisacca, George

(a) Residence. No. 7237 Wabash St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	5	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rivarolo
(STATE OR COUNTRY) Italy

PARENTS

10. NAME OF FATHER Dominick Bisacca

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rivarolo
(STATE OR COUNTRY) Italy

14. INFORMANT Record Clerk
(Address) Kansas City Genl Hosp

15. FILED 12/19, 1928 M. M. Emmons
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-4, 1928, to 12-17, 1928 that I last saw him alive on 12-17, 1928, and that death occurred, on the date stated above, at 6:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Syphilis of aorta with aneurism 34
96
99D

38 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Myocardial insufficiency (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab. Findings

(Signed) P. E. Williams, M. D

12-19, 1928 (Address) Supt K.C. Genl Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery — DATE OF BURIAL Dec. 19 1928

20. UNDERTAKER Peter B. Lapetina — ADDRESS 538 Campbell K. C. Mo.

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.

...NEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD