

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

Do not use this space.

1537

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 1002)

Registration District No. 399
Primary Registration District No. 1002

File No. 120
Registered No. 120
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1200 Admiral
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
9 years 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) MO

10. NAME OF FATHER Vincenzo Ditta

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

12. MAIDEN NAME OF MOTHER Rose Spartano

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

14. INFORMANT Vincenzo Ditta
(Address) 1200 Admiral

15. Jan 11, 1929 M. M. Crocker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1929

17. Deputy Coroner
I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental automobile
fracture, K.S. MO.
21013

CONTRIBUTORY Ran over by truck
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1885
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy 200

(Signed) Stanley M. Blake, M. D.

1/9, 1929 (Address) Deputy Coroner

*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 DATE OF BURIAL Jan 12 1929

20. UNDERTAKER St. Mary's ADDRESS KCMO

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.

