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.

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

Do not use this space.

34022

File No. 4475

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1

City Kansas City Mo (No. Mercy Hosp 002 St. Ward)

2. FULL NAME Joseph Begulia Jr

(a) Residence (Usual place of abode) No. 424 Holmes St., 1 Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-25-29

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work — 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) Missouri

PARENTS

10. NAME OF FATHER Joe Begulia

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Orleans (STATE OR COUNTRY) Louisiana

12. MAIDEN NAME OF MOTHER Josie Lombardo

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

14. INFORMANT Joe Begulia (Address) 424 Holmes

15. FILED 10/30, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-29 1929

17. I HEREBY CERTIFY, That I attended deceased from 5:00 P.M. 10-29-29, 19..., to 7:00 P.M. 10-29, 1929 that I last saw him alive on 10-29-29, 19..., and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cholecystitis B

~~Heart failure~~

127B

Mal D (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Hemorrhage of adrenals (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? clinical + laboratory

(Signed) S. Parkinson, M. D.

10/30 1929 (Address) Mercy 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 Mt St Mary — DATE OF BURIAL 10/30 1929

20. UNDERTAKER [illegible] — ADDRESS 1-2.

adrenal Hem.