

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

Do not use this space.

37466

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City

Registration District No. 399  
Primary Registration District No. 100  
(No. Holland House Apts 1331)

File No. \_\_\_\_\_  
Registered No. 4948  
Ward \_\_\_\_\_

**2. FULL NAME**

Vincent B. Fonderilla  
(a) Residence. No. Holland Hotel St. 1 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. 7 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 married  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
guess 30

8. OCCUPATION OF DECEASED musician  
(a) Trade, profession, or particular kind of work. To Dave Apollone  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Loebu Phillipine Island  
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Fonderilla

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT David Apollone  
(Address) 1560 Broadway To Wm Morris

15. FILER 17/2 29 New York City  
M. M. Crow REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** Thursday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 59. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
accidental 3rd degree burns  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) compagnation at 14 Central N.Y. Y.M.C.A.  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS history & inspection  
" (Signed) Stanley M. Green M. D.

28, 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 Mt St Marys DATE OF BURIAL Dec 3 1929

20. UNDERTAKER Cylar Funeral Home ADDRESS 1800 Linwood

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.

guess 30  
209  
2

17

3

