

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

Do not use this space.

5018

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City Kansas City (No. St Mary Hosp)

File No. 075  
 Registered No. 075  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Sylvia Jean Pace 2415 E 11<sup>th</sup> St. 9 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 4 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
 (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 Lawrence Pace

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

12. MAIDEN NAME OF MOTHER Lucille Senovese / 13 19 30 (Address) 714 Med. Arts Bldg.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York City  
 (STATE OR COUNTRY) N. Y.

14. INFORMANT Lawrence Pace  
 (Address) 2415 E-11<sup>th</sup>

15. FILED 2/13, 19 30 M. M. Crover REGISTRAR  
Amak

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930 to Feb 13, 1930  
 that I last saw her alive on Feb 12, 1930, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Miliary tuberculosis

5 2/3 (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) none  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Mary's  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none  
 Signed H. H. Dwyer M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MT St Mary's DATE OF BURIAL Feb 14 1930

20. UNDERTAKER Detlo B. Logothetis ADDRESS K.C.

