

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

Do not use this space.

19410

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2403
St. _____ Ward _____

2. FULL NAME

Vita E Tamburella

(a) Residence. No. 325 Maple St. 9 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 Fe 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 years 7 20

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) Mo.

PARENTS
10. NAME OF FATHER Judy Tamburella
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Palermo
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Josephine Civello
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K.C.
(STATE OR COUNTRY) Mo.

14. INFORMANT Saul Pusciotto
(Address) 325 Maple

15. FILED 6/8, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1930

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1930 to June 5, 1930, that I last saw him alive on June 5, 1930 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1218
Septic Peritonitis
(duration) yrs. mos. 8 ds.
CONTRIBUTORY Acute Appendicitis
(SECONDARY) (duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED 1110
IF NOT AT PLACE OF DEATH 325 Maple
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 28, 1930
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. Claus Bruchman, M. D.
6/8, 1930 (Address) 401 Lathrop Bldg.

*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. Marys DATE OF BURIAL 6/9 1930

20. UNDERTAKER St. Joseph's ADDRESS K.C.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

St. Umo Sanders