

SEP 24 1930

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

Do not use this space.

26181

1. PLACE OF DEATH

County Clay
Township Fallston
City Mo. H. Camp, Mo.

Registration District No. 197
Primary Registration District No. 5276

File No. _____
Registered No. 49
St. _____ Ward)

2. FULL NAME

Jon V. Vedomiglia
(a) Residence. No. 647 Brooklyn St., 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 10 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work labor 2.10 PM
(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)

PARENTS
10. NAME OF FATHER Leonard Vedomiglia
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Misantina
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT Sam Vedomiglia
(Address) 647 Brooklyn

15. FILED 8/12 1930 JR Dagg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-11 1930

17. 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 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Automobile accident
killed immediately
CONTRIBUTORY On state highway #71
(SECONDARY) but inside of Corporate limits
of North Kansas City, Mo.
18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) R. P. Hanson M. D.
8/11 1930 (Address) Liberty, Clay Co Mo

*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 Cemetery. DATE OF BURIAL Aug. 14 1930

20. UNDERTAKER Passantino Bros ADDRESS 2117 Indp. Ave.

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.

OF DEATH in plain terms, as it
carefully supply
GE should be stated EXACTLY.
Exact amount of C...

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