

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

Do not use this space.

32788

**1. PLACE OF DEATH**

County Jackson  
Township Howe  
City Kansas City (No. 500 Holmes)

Registration District No. 399  
Primary Registration District No. 10022

File No. \_\_\_\_\_  
Registered No. 4006  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 500 Holmes 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

female

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

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

HUSBAND OF Pasquale Giacomin

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

Aug 31 - 1877

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

53

1

1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

**10. NAME OF FATHER**

Alessandro Abbin

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

**12. MAIDEN NAME OF MOTHER**

Gloria Giacomin

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

**14.**

INFORMANT Pasquale Giacomin

(Address)

**15.**

FILED 10/2 30 M.M. Crowe

19 30

REGISTRAR Asor

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct. 1 1930

**17. I HEREBY CERTIFY**, That I attended deceased from Sept 22 1930 to Sept 30 1930, and that I last saw her alive on Sept 30 1930, and that death occurred, on the date stated above, at 12:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

81A Paraplegia  
82D  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** Sclerosis of spine  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH 7500

**8 DID AN OPERATION PRECEDE DEATH?** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Micro  
10/ (Signed) Louis Leveyer, M. D.  
1930 (Address) 102 East 6th Street

\*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** mit it moris **DATE OF BURIAL** 10/3 1930

**20. UNDERTAKER** A. Schulte **ADDRESS** etc

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

