

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

Do not use this space.

36422

**1. PLACE OF DEATH**

County Jackson Registration District No. 30  
Township Kaw Primary Registration District No. 1  
City Kansas City (No. 808 Lydia street)

File No. \_\_\_\_\_  
Registered No. 11-29-30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Louis A. Olivero  
(a) Residence. No. 808 Lydia 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE W.  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Olivero  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19-1886  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44      10      10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Dez Sheriff  
(b) General nature of industry, business, or establishment in which employed (or employer) Jackson county Mo  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Destino  
(STATE OR COUNTRY) Italy

10. NAME OF FATHER Sucomo Olivero  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bionondi  
(STATE OR COUNTRY) Italy  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Italy

14. INFORMANT Mary Olivero  
(Address) Widow 808 Lydia

15. FILED Nov 30, 30 M. M. Crowe  
REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-29 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 \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Homicide, fire arm

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.  
\_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS Autopsy report  
" (Signed) Stanley M. Haly, M. D.  
129, 1930 (Address) Edgely Crown

\*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 12/2 1930

20. UNDERTAKER Stu. P. Rozette  
ADDRESS KC.

K. 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.

