

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.

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

Do not use this space.

39716

1. PLACE OF DEATH

County Cass
Township Law
City K.C. Mo.

Registration District No. _____

Primary Registration District No. _____

(No. 509 1/2 Independence)

File No. _____

Registered No. 5092

St. _____ Ward _____

2. FULL NAME(a) Residence. No. 509 1/2 Independence K.C. Mo. 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**m**4. COLOR OF RACE**wh**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)**York 1896**7. AGE**54 YEARSMONTHS -DAYS -

IF LESS than 1 day, _____ hrs. or _____ min.

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

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY) New York**10. NAME OF FATHER**Unknown**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**(STATE OR COUNTRY) Italy**12. MAIDEN NAME OF MOTHER**Unknown**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**(STATE OR COUNTRY) Italy**14.**INFORMANT Lapetina
(Address) K.C. Mo.**15.**FILED 12/31 1930M. M. Cronin
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 21 1930**17.**I HEREBY CERTIFY, That I attended deceased from Oct 1st 1930 to Dec 21 1930 that I last saw him alive on Dec 21 1930 and that death occurred, on the date stated above, at 3 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilation of heart
125 B
77
95 B(duration) _____ yrs. _____ mos. 2 ds.CONTRIBUTORY (SECONDARY) Arterio-sclerosis and acute infarcting liver(duration) _____ yrs. 2 1/2 mos. 1 ds.**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? _____

DATE _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) D.M. Wynn

M. D.

12-21, 1930 (Address) 531 Angelo 13th St

*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

DATE OF BURIAL

St. Mary's1-7 1931**20. UNDERTAKER**

ADDRESS

Peter B. LapetinaK.C. Mo.

