

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

Do not use this space.

18003

**1. PLACE OF DEATH**

County Jackson  
Township Howe  
City Kansas City (No. 5446 Tracy)

Registration District No. 399  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 2144  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 5446 Tracy Ward. 15

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 m. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 67

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Maria

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT John Gazzino (Address) 5446 Tracy Ave

15. FILED 5/11, 1931 M. M. Ceram Wor REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1930 to May 9, 1931 that I last saw him alive on May 9, 1931, and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 1. B. Carcinoma

(duration) yrs. mos. 20 ds. CONTRIBUTORY (SECONDARY) Carcinoma of the liver (duration) yrs. six mos. ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? No WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) Anthony Saladino M. D. 5/11, 1931 (Address) 710 Sterling 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 mt. St Marys DATE OF BURIAL 5-12-1931

20. UNDERTAKER Dr. Subbeto ADDRESS city

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.

