WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

21434

1. PLACE OF DEATH

County JACKSON — Registration District No. 395 — File No. 2569

Township KAW — Primary Registration District No. 100 — Registered No. 2569

City KANSAS CITY (No. , 5th & Charlotte St. Ward)

2. FULL NAME SALVATORE PASANO

(a) Residence, No. 403 Cherry St., 1 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 30, 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 369

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PALERMO, ITALY 16

FATHER

13. NAME SALVATORE PASANO

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ITALY

MOTHER

15. MAIDEN NAME ANNA LAST NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ITALY

17. INFORMANT (ADDRESS) MRS? ANNA PASANTINO

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. ST. MARY'S DATE JUNE 11 1931

19. UNDERTAKER (ADDRESS) PETER B. LAPETINA KANSAS CITY MO.

20. FILED 6/10 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1931

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

Homicide, fire arms — Date of onset

173

173

Other contributory causes of importance:

Name of operation? Date of 6-8-31

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 6/8, 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Kansas City Mo.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley McHale, M. D.

(Address) Deputy Coroner