

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

Do not use this space.

25118

1. PLACE OF DEATH

County Jackson
Township North
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Research Hospital)

File No. 3117
Registered No. 3117
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4047 Benton St., 16 Ward. (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 <u>m</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (or) WIFE OF <u>Augustina Verti</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 22-1867</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Wholesale Groceries</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>5th and Grand Ave</u> (c) Name of employer _____				

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

PARENTS	10. NAME OF FATHER <u>Raffaello Verti</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Maria Uelli</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)

14. INFORMANT Augustina Verti
(Address) 4047 Benton Blvd

15. FILED 7/18/31 M. M. Crome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1931

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to July 15, 1931, that I last saw h. MAN alive on July 15, 1931, and that death occurred, on the date stated above, at 9:40 p. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
1278
1571
977 Retro-peritoneal abscess
(duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cholecystitis - & Arterio-sclerosis
(duration) 1 yrs. 2 mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 2-31

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Findings
(Signed) B. J. S. S. S. S., M. D.
7/16 1931 (Address) Orange Bell

*State the DISEASE CAUSING DEATH, or, if 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 St. Mary's DATE OF BURIAL 7-18 1931

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.

D. Aug 18 1861

Wm. W. W. W.