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

Do not use this space.
28181

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 274
City Cement City (No. Missouri River St. Ward)

2. FULL NAME Martin Stefano
(a) Residence, No. Cement City St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 22 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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): Unknown
7. AGE: YEARS: About 42 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year): Aug 9 1931
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT Wm. King (ADDRESS) Courtney Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary's DATE 8-12 1931
19. UNDERTAKER Geo Stahl (ADDRESS) 813 W. Maple Ave Independence Mo
20. FILED Aug. 15, 1931 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1931
22. I HEREBY CERTIFY, That I attended deceased from ..., 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:

	Date of onset
175 Multiple Fractures	
3rd 4th Cervical Vertebrae, Vertebrae,	
Other contributory causes of importance? Fracture Frontal Bone	
Skull Knee	
Was not drawed	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Skull Knee Date of injury ..., 19...
Where did injury occur? Cement City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury Broken Neck

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. E. Simmons, M. D.
(Address) Independence Mo

Deputy Coroner

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.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT