

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.

31406

1. PLACE OF DEATH

County Jackson
Township Kew
City Kansas City

Registration District No. 395
Primary Registration District No. 3002
(No. Evangelical Hospital)

File No. 8303
Registered No. 8303
St. 1 Ward

2. FULL NAME

(a) Residence, No. 407 Holmes St. 1 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk 1914</u>		
7. AGE <u>19</u> YEARS	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. <u>mechanic</u>
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Aspen, Colo.</u>
	13. NAME <u>John Batista</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	15. MAIDEN NAME <u>unknown</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

17. INFORMANT (ADDRESS) <u>Peter B. Lapetina</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>Sept 23</u> 19 <u>31</u>
19. UNDERTAKER (ADDRESS) <u>Peter B. Lapetina</u>
20. FILED <u>9-22-31</u> <u>M. M. Brown</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9-19</u> 19 <u>31</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Sept 19</u> 19 <u>31</u> , to <u>Sept 19</u> 19 <u>31</u>
I last saw h. alive on <u>Sept 19</u> 19 <u>31</u> Death is said to have occurred on the date stated above, at <u>m.</u>
The principal cause of death and related causes of importance were as follows: <u>Accidental 3 degree</u> <u>Burn</u> <u>body</u> <u>181</u>
Date of onset

Other contributory causes of importance: <u>Gasoline explosion</u> <u>No conflagration</u>
Name of operating <u>181</u> Date of <u>Sept 19</u> 19 <u>31</u>
What test confirmed diagnosis? <u>Sept 19</u> 19 <u>31</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: <u>Accident</u> suicide, or homicide? Date of injury <u>9/18</u> 19 <u>31</u>
Where did injury occur? (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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify <u>Stanley M. Haef</u> M. D. (Signed) <u>Stanley M. Haef</u> (Address) <u>Regency Tower</u>

