

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 305
 Township Grand Primary Registration District No. 1002
 City Kansas City (No. Kansas City Genl Hosp K.C.Mo) Registered No. 1053 91 Ward

2. FULL NAME

Philip Maggior
 (a) Residence, No. 814 E. 5th St., Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker 86
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

FATHER 13. NAME Guappo Maggior

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

MOTHER 15. MAIDEN NAME Fortunata Cucioffi

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

17. INFORMANT Joe Maggior (ADDRESS) 525 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount St Marys DATE 1/12 1927

19. UNDERTAKER A. Sebato (ADDRESS) 901 E 5th

20. FILED Jan 11 1932 M. M. Coarve Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-6 1932 to 1-10 1932

I last saw him alive on 1-10 1932 Death is said to have occurred on the date stated above, at 5:25 a.m.

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

Cerebral Hemorrhage Date of onset
82 A
97
 Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

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

Accident, suicide, or homicide? Date of injury

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 D

Nature of injury

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

If so, specify

(Signed) P. E. Williams M. D.

(Address) Supt K.C. Genl Hosp K.C.Mo

1-11-32

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.

