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

Do not use this space.

23076

File No. 2003

Registered No.

1. PLACE OF DEATH

County: Jackson

Township: Kansas

City: Kansas City (No. Kansas City General Hospital St. Ward)

Registration District No. 399

Primary Registration District No. 1007

2. FULL NAME: Barsia Bonzetto

(a) Residence, No. 540 Nellie 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Mariano Borrera

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years 60 | 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.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none 235

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

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

FATHER

13. NAME: Lennoir Morella

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Record clerk

(ADDRESS) Kansas City General Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt St Mary DATE: Aug 3, 1932

19. UNDERTAKER: A. Schlueter

(ADDRESS) City

20. FILED: Aug 2, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-31-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1932, to 7-31-, 1932

I last saw him alive on 7-31-, 1932. 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:

Obstructive Jaundice

Date of onset

1270 | 8 | 8

Other contributory causes of importance:

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? Date of injury, 19

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

(Signed) P. E. Willeaves, M. D.

(Address) Supt. K. C. General Hosp.

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.