

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

Do not use this space.

29460

3634

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Kansas City Genl Hosp) Registered No. _____ Ward _____

2. FULL NAME

Paul Sirchia
 (a) Residence, No. 1215 Holmes, 2 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (NAME OF) <u>Giovanna Sirchia</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5, 1862</u>					
7. AGE		YEARS <u>69</u>	MONTHS <u>9</u>	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Labor 183</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rock Paper</u>				
	10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation.					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> <u>16</u>					
FATHER	13. NAME <u>Rasquale Sirchia</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>				
MOTHER	15. MAIDEN NAME <u>Guirezia</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>				
17. INFORMANT (ADDRESS) <u>Peard Clerk</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys</u> DATE <u>9/28/32</u>					
19. UNDERTAKER (ADDRESS) <u>a Sabetta</u>					
20. FILED <u>9/26</u> 19 <u>32</u> <u>M M Jerome</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1932 to 9-24, 1932
 I last saw him alive on 9-24, 1932. Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
right lower lobe
107A 107W
 Other contributory causes of importance:
none
 Name of operation _____ 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 _____, 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 P. R. Williams
 (Signed) _____ M. D.
 (Address) Supt K Gen Hosp Kch

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.

