

**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. 399  
 Township Law Private Registration District No. 1092  
 City Kansas City (No. St. Josephs Hospital) Registered No. 1569  
 St. 29th Ward

**2. FULL NAME**

(a) Residence, No. 11-6-33rd St., 3 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 Male 4. COLOR OR RACE Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Alice Lasson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-28-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, Fra. or min.  
45 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Kansas City

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

13. NAME Felix Lasson

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

15. MAIDEN NAME Laboria Palermo

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

17. INFORMANT (ADDRESS) Alice Lasson 11-6-33rd K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. St. Marys Cem DATE 1-26 1923

19. UNDERTAKER (ADDRESS) Peter B. Lapetina K.C. Mo.

20. FILED 1-19-23 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1933, to 1-17, 1933

I last saw him alive on 1-17, 1933 Death is said

to have occurred on the date stated above, at 5:20am.

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

Pneumonia & acute nephritis  
 Date of onset  
105  
130 108 107

Other contributory causes of importance:

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

(Signed) Peter F. DeMarco M. D.

(Address) 405 W. Alden Bldg. K.C. Mo.

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.

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