

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

Do not use this space.

23089

1. PLACE OF DEATH  
 County Jackson Registration District No. 395  
 Township Kear Primary Registration District No. 1008 File No. \_\_\_\_\_  
 City Kansas City (No. Kansas City General Hospital) Registered No. 2787 Ward \_\_\_\_\_

2. FULL NAME Thomas Dato  
 (a) Residence, No. 1801 Cambridge St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 9 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda Dato

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-1857

7. AGE YEARS 75 MONTHS 11 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

13. NAME William Dato

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

15. MAIDEN NAME Mary A. Rogers

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

17. INFORMANT Recard Clark  
 (ADDRESS) 116 General Hospital

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE W.M. Wash. DATE July 6, 1933

19. UNDERTAKER Mrs. C. D. Foster  
 (ADDRESS) 918 Broadway Ave

20. FILED July 6, 1933 M. M. Holcomb  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-29-1933, to 7-3-1933

I last saw him alive on 7-3-1933 Death is said to have occurred on the date stated above, at 10:16 P.M.

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

Senility Date of onset \_\_\_\_\_  
107A  
162

Other contributory causes of importance:  
Terminal Broncho-pneumonia

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) J. H. Bennett M. D.  
 (Address) 517 E. Gen. Hospital

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.

