

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

Do not use this space.

23220

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kan Primary Registration District No. 1000 Registered No. 2926
 City Kansas City (No. Kansas City Genl Hosp. St. _____ Ward _____)

2. FULL NAME

Anthony Badagliacqua
 (a) Residence, No. 1024 E 85th St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 - 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. store keeper
 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) Italy

MOTHER
 13. NAME Frank Badagliacqua

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

15. MAIDEN NAME Lucy Scardano

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

17. INFORMANT Robert Bloch
 (ADDRESS) K. E. General Hosp

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Mary Cemetery DATE 7-18-33

19. UNDERTAKER Parantieri Bros
 (ADDRESS) A. C. Mo

20. FILED July 17 1933 M. Malone
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-5-33 to 7-16-33
 I last saw him alive on 7-16-33 Death is said to have occurred on the date stated above, at S. K. 4 m.
 The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset 82A
 Other contributory causes of importance: [Signature]

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) St. Louis K. C. Gen 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.

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