

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

Do not use this space.

26524

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kew Primary Registration District No. 1002
 City Kansas City (No. Roosevelt Forest) St. _____ Ward _____

File No. _____
 Registered No. 3285
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 210 Wabash 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 <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margherita Scala</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mch 31 - 1909</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>4</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>salesman</u>		
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) <u>Kansas City Mo</u>		
13. NAME <u>Paul Scala</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Palermo Italy</u>		
15. MAIDEN NAME <u>Mary Si Cavoli</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Palermo Italy</u>		
17. INFORMANT (ADDRESS) <u>Mary Scala 210 Wabash</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>8-15-33</u>		
19. UNDERTAKER (ADDRESS) <u>Funerary Mortuary 715 C. Mo</u>		
20. FILED <u>8 15 33 M. M. Cronin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw h. Summer alive on _____, 19____. Death is said to have occurred on the date stated above, at 120A m.
 The principal cause of death and related causes of importance were as follows:
gun shot wounds of head & upper chest Date of onset _____

Other contributory causes of importance:
None

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 homicide Date of injury July 12, 1933
 Where did injury occur? Kansas City Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Street
 Manner of injury gun shot wounds
 Nature of injury gun shot wounds

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) P. H. O'Brien, M. D.
 (Address) Kansas City Mo

179

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.

SEP 26 1933

179

179

