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

Do not use this space.

OCT 20 1933

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas (No. Westly Hospital 1002 St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 29828
Registered No. 3754

2. FULL NAME: Jasper Palermo
(a) Residence, No. 541 Forest Ave 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: 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: Rose Palermo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 11 1909
7. AGE: Years 24 Months 3 Days 22 If LESS than 1 day, hrs. or min.

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.: Laber
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): Kansas City Mo

FATHER
13. NAME: Carl Palermo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: Margetta Diprima
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Tony Palermo 706 E 5th St
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt St Mary K.C. Mo DATE: Sept 28 1933
19. UNDERTAKER (ADDRESS): Passantino Bros K.C. Mo.
20. FILED: 9-22-33 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 20 1933

I HEREBY CERTIFY, That I attended deceased from July 18 1933 to Sept. 20 1933, that I last saw him alive on Sept. 20 1933. Death is said to have occurred on the date stated above, at 6 p.m.

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

Lobar Pneumonia — Date of onset
108
103B

Other contributory causes of importance:
Shock hemorrhage

Name of operation: none Date of
What test confirmed diagnosis? Roentgen Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? non Date of injury —, 19
Where did injury occur? non (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: non
Nature of injury: non

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph H. Keelman, M. D.
(Address) 208 Bright Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD