

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

Do not use this space.

33368

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 92-1 E 12 1/2 St)

Registration District No. 399
Primary Registration District No. 1002

File No. 4508
Registered No. 4508 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Unknown 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

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

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

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Peter B Lapitina (ADDRESS) R.C. 1100

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 11-17-33

19. UNDERTAKER Lapitina Mortuary (ADDRESS) R.C. 1100

20. FILED Nov. 17, 33 M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28/33

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____

I last saw _____ live on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Cardiac acid poisoning Date of onset _____

Other contributory causes of importance: W 163

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence, fall in place, Accident, suicide, or homicide) _____ Date of injury _____

Where did injury occur? 21 E 12 1/2 St Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Took trip from

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature]

(Address) [Address]

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.

FBI & NATL

