MAR 24 1934

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

Do not use this space.

4908

632

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas (No. 216 Brooklyn St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Ignazio Savoca
(a) Residence, No. 216 Brooklyn 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1863
7. AGE: YEARS 70 MONTHS 10 DAYS 15 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. Sabor.
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

FATHER
13. NAME Joseph Savoca
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Carmelo Savoca
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Mrs Vito Serno 216 Brooklyn
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St Mary KC Mo DATE 2-10-34, 19
19. UNDERTAKER (ADDRESS) Passantino Bros. KC Mo
20. FILED 2 9th 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8- 34, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-5-34, 19, to 2-8-34, 19
I last saw him alive on 2-8-34, 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:
Cerebral Hemorrhage
8 26
10 [illegible]
16 [illegible]
Date of onset
Other contributory causes of importance:
Age - High Bld Pressure
Name of operation none 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) Dm-Mgr, M. D.
(Address) 512 Ayle Bldg KC Mo

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.