

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

Do not use this space.

APR 25 1934

**PLACE OF DEATH**

County Jackson Registration District No. 899  
 Township Rail Primary Registration District No. 1002  
 City Kansas City (No. St. Marys Hospital St. 1210 Ward)

**2. FULL NAME**

Gravina, Baby

(a) Residence, No. 401 W Whelting 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	0	0	15

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. INFANT  
 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) Kansas City  
 (STATE OR COUNTRY) Jackson Co. Missouri

13. NAME Gravina, Mike 9

14. BIRTHPLACE (CITY OR TOWN) Kansas city  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME McGrath, Marie

16. BIRTHPLACE (CITY OR TOWN) Kansas city  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mike Gravina  
 (ADDRESS) 401 W Whelting

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Hosp Nat DATE Mar 13 1934

19. UNDERTAKER none  
 (ADDRESS)

20. FILED Apr 21 1934 M.M. Groun  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/13 1934, to 3/13 1934.  
 I last saw him alive on 3/13 1934. Death is said

to have occurred on the date stated above, at 5 P. m.

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

Premature  
179 6 mo gestation  
 Other contributory causes of importance: 159

Name of operation --- Date of ---  
 What test confirmed diagnosis? --- Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X Date of injury X, 19---  
 Where did injury occur? X  
 (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) Edwin C. White, M. D.  
 (Address) 1032 Prof

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.

