

MAY 25 1934

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

Do not use this space.

12869
1616

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KennettPrimary Registration District No. 1002City St. Joseph (No. 1002)St. St. Joseph Ward

2. FULL NAME

Michael Carullo

(a) Residence, No. 320 Wabash St., Ward.

(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) May 27 - 19147. AGE YEARS 19 MONTHS 10 DAYS 12 If LESS than 1 day, hrs. or min.

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

Labour

9. Industry of 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) Kansas City Mo13. NAME Dominic Carullo14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Carmela Russo16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo17. INFORMANT Brother (ADDRESS) 320 Wabash18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE April 11, 193419. UNDERTAKER A. Sebeto (ADDRESS)20. FILED 4-10-34 mm Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 193422. I HEREBY CERTIFY, That I attended deceased from March 28, 1934, to April 8, 1934I last saw him alive on April 7, 1934. Death is said to have occurred on the date stated above, at 4A m.

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

Lymphosarcoma of
throat
B. K. C.
189
HW

Date of onset

Other contributory causes of importance:

StarvationName of operation Exploratory laparotomy Date of Mar 28What test confirmed diagnosis Microscopy Was there an autopsy? no23. 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? noIf so, specify (Signed) Frank J. Crowe, M. D.(Address) 208 Argyle Bldg

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.

