

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Flower
City Kansas

Registration District No. 300
Primary Registration District No. 300
No. 3347 Chestnut

File No. 16881
Registered No. 5220
St. Kansas Ward

2. FULL NAME

(a) Residence, No. 3347 Chestnut 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gause Bertorcin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>march 13 1875</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>23</u>
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. <u>Carpenter</u>		
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

13. NAME Louis Bertorcin

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

15. MAIDEN NAME Do not know

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

17. INFORMANT Rose Bertorcin
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Not St Mary DATE 5-9-34

19. UNDERTAKER Passantino Bros.
(ADDRESS) no

20. FILED May 7 1934 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to May 6 1934

I last saw him alive on 6 12 1934 Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Arteriosclerosis
93 C
913 C
Other contributory causes of importance:
Chr. Phyllocystitis
Date of onset: 1 day
2 mo. ago

Name of operation Phy Exam Date of no

What test confirmed diagnosis Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no

If so, specify (Signed) E. L. Hill, M. D.

(Address) 1032 W. 10th St.

JUN 19 1934

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.

