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

Do not use this space.

File No. 24357

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. Menorah Hospital St. Ward)

Registration District No. 392
Primary Registration District No. 1002

2. FULL NAME: Sylvester Soldani

(a) Residence, No. St., Ward. Ponca City, Okla
(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.

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.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mary Ellen Soldani

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 3, 1860

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	9	29	

OCCUPATION

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

FATHER
13. NAME: John Soldani
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

MOTHER
15. MAIDEN NAME: Matilda De Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No information

17. INFORMANT: Mrs. Mary Ellen Soldani
(ADDRESS): Ponca City, Okla.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Ponca City Okla DATE: July 2, 1934

19. UNDERTAKER: Stiff & McCollum
(ADDRESS): 32 So. Wheeling Phone

20. FILED: July 2, 1934 M. M. Crowley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1934, to July 2, 1934.
I last saw him alive on July 1, 1934. Death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Gen. debility following	
Suprapubic cystotomy	
Tuberculosis of kidney	
Tuberculosis of left kidney	

Other contributory causes of importance:

Name of operation: Suprapubic cystotomy Date of: Mar 10
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
If so, specify
(Signed) Alexander Samuel, M. D.
(Address) 505 Professional Bldg

Professional Body,