

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

Do not use this space.

24470

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. St. Joseph Hospital)

Registration District No. 397
Primary Registration District No. 11000

File No. _____
Registered No. 34004
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 300 E. Lamar 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1890

7. AGE YEARS 38 MONTHS 9 DAYS 18 If LESS than 1 day,hrs. ormin.

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

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) Brooklyn New York

13. NAME Joseph Lajia

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

15. MAIDEN NAME Frances Lajeri

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

17. INFORMANT (ADDRESS) Asst. 5146 Laog

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 7/13

19. UNDERTAKER (ADDRESS) A. Schmitt 901

20. FILED July 11 1934 M. M. Kerowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Carroll, 19.....

I last saw h. alive on....., 19..... Death is said to have occurred on the date stated above, at 20 m.

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

Multiple Gun Shot wounds of Chest abdomen & Extremities Rupture of Liver & Stomach

Other contributory causes of importance: Fractured 173

Name of operation None Date of 173

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 7-10, 1934

Where did injury occur? Kansas City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury gun shot wounds Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) P. H. O'Connell, M. D.

(Address) Kansas City

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 3027
City..... (No. St. Joseph's Hospital St. Ward)

2. FULL NAME

(a) Residence No. 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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-34

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 1895

I last saw h. to, 19....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 8 18

I last saw h. alive on, 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:

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19....

15. MAIDEN NAME

Where did injury occur?..... (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE DATE 19....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED 1/11 1934 M. M. Browe Registrar.

If so, specify.....

(Signed)....., M. D.

(Address).....

KEY ARE COMPLETE AS PRESCRIBED BY LAW
DO NOT RECEIVE A FEE FOR CERTIFICATION

SUPPLEMENTARY

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