CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH
County Jackson
Township Kansas
City Kansas City Missouri (No. ..., St. Vincents St. ..... Ward)

Registration District No. 399
Primary Registration District No. 100

File No. 29404
Registered No. 3821

2. FULL NAME Joseph Sansone
(a) Residence No. 500 Park 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 Infant

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Missouri

FATHER
13. NAME Michael P. Sansone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

MOTHER
15. MAIDEN NAME Bridget DeLorenzo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT (ADDRESS) Michael Sansone 500 Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem. DATE 8-13- 1934

19. UNDERTAKER (ADDRESS) Peter B. Lapetina 538 Campbell

20. FILED 8/14 1934 M. M. Crowe Assn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1934, to Aug 13, 1934
I last saw him alive on Aug 13, 1934 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:

Strangulation due to Vadalia Version 1608 (Baby lived about 10 minutes)

Date of onset

Other contributory causes of importance:

1608

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? — 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) Walter S. Hook, M. D.
(Address) 510 Professional Bldg

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Jackson
Township:
City: Kansas (No. St. Vincents Hospt St. Ward)
Registration District No.:
Primary Registration District No.:
File No.:
Registered No. 3821

2. FULL NAME: Joseph Sansone
(a) Residence, No. 500 Park 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-34

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or 10 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY) Ka Mo.

FATHER
13. NAME Michael P Sansone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ka, Mo.

MOTHER
15. MAIDEN NAME Bridget De Lorenzo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ka, Mo.

17. INFORMANT (ADDRESS) Michael Sansone 500 Park Ka Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE 8-13 1934

19. UNDERTAKER (ADDRESS) P. B. Lapetina Ka Mo.

20. FILED 8-14 1934 M M Crane asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-13 1934 to 8-13 1934
I last saw him alive on 8-13 1934. 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:

	Date of onset
Strangulation due to cordaly version	
Body lived about 10 minutes	

Other contributory causes of importance:

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? 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?
If so, specify
(Signed) H. D. Cook, M. D.
(Address) 510 Prof. Bldgs

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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