AUG 20 1935

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

Do not use this space.

23180

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 23024
City Kansas (No. St. Mary Hospital St. Ward)

2. FULL NAME Lillie LaBarba
(a) Residence, No. 1104 Olive 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: Female
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 Frank LaBarba

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1902

7. AGE — Years: 33 — Months: — — Days: 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. House wife
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 Mo

FATHER
13. NAME John Vittorino
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Rosalia Nuccio
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Frank LaBarba 1104 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St Mary Cemetery DATE 7-23-35 19

19. UNDERTAKER (ADDRESS) Passantino Bros K.C. Mo

20. FILED July 22, 19 35 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to July 20, 1935
I last saw her alive on July 20, 1935. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows: Date of onset
Face presentation during labor in which the baby's head became ex tended & could not be forced I lay thru, uptoday attempts left Breast Tyemet & Baby delivered
Other contributory causes of importance: by version & ex traction & hysterectomy performed immediately.

Name of operation Hysterectomy Date of 7/20/35
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 no
(Signed) E. Wolfe M.D., M. D.
(Address) 1032 Ward Blvd.

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.