

This statement of OCCUPATION is very important.

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

Do not use this space.

6280

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Howe Primary Registration District No. 1002
 City Kansas City, Mo (No. Murphy Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1100

2. FULL NAME Vincent Sciara

(a) Residence, No. 916 E 7th Ave 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1936, to Feb 29, 1936

I last saw him alive on Feb 29, 1936. Death is said to have occurred on the date stated above, at 12:15 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1935

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 13

Palatal Mandibular (Streptococci) Date of onset 2-21-36

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

Streptococci Septicemia 2-24-36

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mar

Bronchitis Pneumonia 2-26-36

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

Other contributory causes of importance: 1070
Palatal Otitis Media 2-19-36

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

Name of operation Septic Palatal Mandibular Date of 2-24-36
 What test confirmed diagnosis? Wassermann Was there an autopsy? no

13. NAME Giuseppe Sciara

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

15. MAIDEN NAME Caterina Munrotera

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

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

17. INFORMANT Giuseppe Sciara (ADDRESS) 916 E 7th Ave

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Mary DATE March 2, 1936

Manner of injury none
 Nature of injury none

19. UNDERTAKER A. Schlotter (ADDRESS) 901 East 10th

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

20. FILED 3/1/36 M. M. Brown Registrar.

(Signed) Harry E. Cram, M. D.
 (Address) 1070 Prof Bldg -

Kans City Mo.

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