

APR 23 1936

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

Do not use this space.

6282

1. PLACE OF DEATH

County **Jackson**
Township **Kaw**
City **Kansas**

Registration District No. **399**
Primary Registration District No. **1002**
(No. **K.C. General Hospital**)

File No.
Registered No. **1103**
St. Ward

2. FULL NAME **Manuel Toia**

(a) Residence, No. **617 Holmes** 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) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 5, 1905**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 3 23

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) **K.C. Mo.**

FATHER 13. NAME **Joe Toia**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Palermo Italy**

MOTHER 15. MAIDEN NAME **Francesca Lascula**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

17. INFORMANT **Joe Toia** (ADDRESS) **617 Holmes**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mary Cem.** DATE **3-2-36**

19. UNDERTAKER **Peter B. Lapetina** (ADDRESS) **536 Campbell St.**

20. FILED **3/1 1936 M. M. Grown** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/28/36**

22. I HEREBY CERTIFY THAT attended deceased from **Sperry**, 19... to ... 19...
I last saw him alive on **7 200P**, 19... Death is said to have occurred on the date stated above, **7 200P** m.

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

Date of onset

Other contributory causes of importance:

Name of operation **NO** Date of operation **NO**
What test confirmed diagnosis **NO** Was there an autopsy **NO**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. **NO** State of Missouri **2/28/36**
Where did injury occur **617 Holmes St. Kansas** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **Amputation?**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **[Signature]**, M. D.
(Address) **[Signature]**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

