

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

Do not use this space.

**APR 23 1936**

10533

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City Kansas

Registration District No. 399  
 Primary Registration District No. 1002  
 (No. St. Mary Hospital)

File No. \_\_\_\_\_  
 Registered No. 1188  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Josephine Scaglia

(a) Residence, No. 3225 Indep. 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**

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Female</u>                                      | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 20, 1920</u> |                                  |  |
| 7. AGE YEARS<br><u>15</u>                                    | MONTHS<br><u>11</u>              | DAYS<br><u>12</u>  |
|  |                                  | If LESS than 1 day, _____ hrs. or _____ min.                               |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>None</u> |
|            | 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) Pueblo Colo.  
 (STATE OR COUNTRY)

13. NAME Marion Scaglia

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

15. MAIDEN NAME Mary Campo

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

17. INFORMANT Mary Scaglia  
 (ADDRESS) 3225 Indep.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Mary Cem. DATE Mar. 6, 1936

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

20. FILED Theis 19 36 M. M. Brown  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 19 36

22. I HEREBY CERTIFY, That I attended deceased from 2-27-36, 19, to 3-2-36, 19  
 I last saw her alive on 3-2-36, 19. Death is said to have occurred on the date stated above, at 6:50 p.m.

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

Streptococci Septicemia  
Possibly from mitral valve vegetation  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Mitral Heart Disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) J. M. Lauenroth, M. D.  
 (Address) 5732 Holmes

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

12th Central

50. East

Di Lawrence and