

JUN 17 1936

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

Do not use this space.

19332

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas

Registration District No. 395
Primary Registration District No. 1002
(No. St. Joseph Hospital)

File No. 2533
Registered No. 2533
St. _____ Ward _____

2. FULL NAME Albert Ribaste(a) Residence, No. 1846 Benton Blvd. 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. da. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1897		
7. AGE	YEARS	MONTHS
	38	7
		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.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.13. NAME John Ribaste14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Clotilda Piaci16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT Clotilda Ribaste
(ADDRESS) 1032 Pacific18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 5, 7, 193619. UNDERTAKER Peter B. Lapetina
(ADDRESS) K.C. Mo.20. FILED May 6 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4, 193622. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 3, 1936I last saw him alive on May 3, 1936. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Carcinoma of Pancreas
46

Date of onset

Other contributory causes of importance:

unknownName of operation as stated above Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 of injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John O. Spencer, M. D.(Address) 1402 Bryant

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.

RECORD

