

AUG 24 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

26637

## 1. PLACE OF DEATH

County Jackson  
 Township Kaw  
 City Kansas

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

File No. 3308  
 Registered No. 3308  
 St.                      Ward                     

## 2. FULL NAME

Stella Basile

(a) Residence, No. 5615 Rockhill Road 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Nicholas Basile</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 18, 1894</b>		
7. AGE <b>42</b>	YEARS <b>V</b>	MONTHS <b>27</b>
If LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
**Housewife**  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
**White Cloud Kansas**  
 13. NAME  
**Joseph White**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
**Italy**  
 15. MAIDEN NAME  
**Rose Cencevero**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
**Italy**

17. INFORMANT  
 (ADDRESS)  
**Nicholas Basile**  
**5615 Rockhill Road**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **St. Mary's Cem.** DATE **7, 17, 1936**

19. UNDERTAKER  
 (ADDRESS)  
**Peter B. Lapetina**  
**K.C.Mo.**

20. FILED **July 16, 1936** **H. M. Brown**  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Feb. 1, 1936 to July 15, 1936**

I last saw her alive on **July 15, 1936** Death is said to have occurred on the date stated above, at                      m.

The principal cause of death and related causes of importance were as follows:  
**Postoperative Thyroid Crisis**  
**(Toxic Thyroid)**  
**666**

Date of onset

Other contributory causes of importance:

**Thyroid toxicosis**  
**Myocardiosis**

Name of operation **Thyroidectomy** Date **July 3, 1936**  
 What test confirmed diagnosis **clinical** 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                     

(Signed) **G. H. Kysner**  
 (Address) **214 Washburn Bldg**  
**K.C.Mo.**

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.

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