

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas

Registration District No. 395
Primary Registration District No. 1002
(No. 403 Cherry)

File No. 1603
Registered No. 291
St. _____ Ward _____

2. FULL NAME

Angelo Pasano 50

(a) Residence, No. 403 Cherry 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1873

7. AGE YEARS 64 MONTHS I DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Palermo, Italy

MOTHER / FATHER 13. NAME Salvatore Pasano

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

MOTHER 15. MAIDEN NAME Anna

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

17. INFORMANT Mrs Anna Passantino
(ADDRESS) 403 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cemetery DATE I, 19, 1938

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

20. FILED Jan 19 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1938, to 1-17, 1938.

I last saw him alive on 1-17, 1938. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Chronic nephritis

Date of onset ?

Other contributory causes of importance:

Terminal Hypostatic pneumonia

Name of operation _____ 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 or injury in any way related to occupation of deceased? If so, specify _____
(Signed) M. M. Brown M. D.
(Address) 1420 Prof Bldg

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.

RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH