

REC'D MAY 9 1938

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

Do not use this space.

13541

## 1. PLACE OF DEATH

County Jackson  
Township Kan  
City Kansas City

Registration District No. 399Primary Registration District No. 1002

File No.

Registered No. 1521

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anthony Totta(a) Residence, No. 2627 E. 7th St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 24 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 5, 1910</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>5</u>
	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery salesman	
	10. Date deceased last worked at this occupation (month and year) <u>December 12, 37</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan City La.</u>		
FATHER	13. NAME <u>Leonard Totta</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Castlevetrano Italy</u>	
MOTHER	15. MAIDEN NAME <u>Grace Quartararo</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT <u>Leonard Totta</u> (ADDRESS) <u>2627 E. 7th St. K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>April 8, 1938</u>		
19. UNDERTAKER <u>Peter B. Lapetina</u> (ADDRESS) <u>538 Campbell St. K. C. Mo.</u>		
20. FILED <u>Apr 7 1938</u> <u>M. M. Brown</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1938 to 4-6-1938.  
I last saw him alive on 4-4-1938. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral abscess  
Date of onset 1938

Other contributory causes of importance:  
Probably a fall last December

Name of operation none Date of \_\_\_\_\_

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? accident Date of injury 12-15-37  
Where did injury occur? on slippery street  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall on slippery street

Nature of injury traumatic

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Had a fall since 12-15-37

(Signed) M. M. Brown M. D.  
(Address) Kans City

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.

U.S. District  
Court  
for the District  
of Columbia