

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.

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

Do not use this space.

REC'D AUG 8 1938

24228

1. PLACE OF DEATH

County Jackson Registration District No. 855  
Township Raw Primary Registration District No. 3  
City Kansas City No. General Hosp St. 1 Ward 1

File No. \_\_\_\_\_  
Registered No. 2733  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joseph Pelosi  
(a) Residence, No. 2841 Holmes St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 4 mos. 24 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1900

7. AGE YEARS 38 MONTHS 4 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ 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. Unknown  
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) Kansas City Mo

FATHER 13. NAME Frank Pelosi

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

MOTHER 15. MAIDEN NAME Emma Thorpe

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

17. INFORMANT Victor B. Bonfieri (ADDRESS) General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE July 8 1938

19. UNDERTAKER Peter B. Laetina (ADDRESS) 538 Campbell St.

20. FILED 7-7 1938 M. M. Drane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-38 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938.

I last saw deceased on \_\_\_\_\_, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_.

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

Shot wound of left chest  
laceration of left lung & heart  
Hemorrhage, etc

Other contributory causes of importance: 167

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 7-4-38

Where did injury occur? General Hosp (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Brought wound -

Nature of injury Shot gun

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify \_\_\_\_\_

(Signed) Victor B. Bonfieri, M. D. (Address) Gen Hosp; K.C. Mo

