

REC'D SEP 13 1938

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

27985

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002 Registered No. 3296
 (c) City Kansas City (d) Street No. 582 Tracy W. C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 582 Tracy W. C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if ~~no~~ street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10 1879</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as 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) <u>D Italy</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Peter B Sapetia</u> <u>538 Campbell W. C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>8/22</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Peter B Sapetia</u> <u>538 Campbell W. C. Mo.</u>		
20. FILED <u>Aug 20</u> 19 <u>38</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18 1938

22. I HEREBY CERTIFY That I attended deceased from Apr 19 1938 to Aug 15 1938.
 I last saw deceased alive on Aug 15 1938. Death is said to have occurred on the date stated above, at 4:03 p. m.
 The principal cause of death and related causes of importance were as follows:
Primary bronchio-
genic carcinoma
W.C.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? X-Ray 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? no
 If so, specify no
 (Signed) Schmidt M. D.
 (Address) 1420 Prof Bldg

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.