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

FILED MAR 11 1940

Do not use this space.
5405
630

1. PLACE OF DEATH
County: Jackson 0 — Registration District No.: 399
Township: — Primary Registration District No.: 1002
City: Kansas City (No. Research Hosp St. Ward)

2. FULL NAME: Pasquale Unwise Urwise

(a) Residence, No. 225 Park St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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. 8 - 1940

7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, 29 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City 0

FATHER
13. NAME: Fred Unwise Urwise
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alkmant Penn

MOTHER
15. MAIDEN NAME: Rosa Marie Battaglia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo.

17. INFORMANT (ADDRESS): Fred Urwise 225 Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt St Marys DATE: 2/10 1940

19. UNDERTAKER (ADDRESS): A. Delbeto 901 E 5th

20. FILED Feb. 11, 1940 M. M. Crouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 10 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1940, to Feb 10, 1940
I last saw him alive on Feb 9, 1940. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity — 7½ months	
Other contributory causes of importance:	

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) Don Carlos Gurney, M. D.
(Address) 717 Professional Bldg