

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

Do not use this space.

9636

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 1008
 City Kansas City (No. St. Joseph Hosp)

File No. _____
 Registered No. 1230
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2818 E 8th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Yurera

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw h. Carver alive on _____, 19____. Death is said to have occurred on the date stated above, at 1400 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1900

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 26

Gunshot wound of head & abdomen
 Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Duckster

Other contributory causes of importance:
man / 173 / 173

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) Kansas City, Mo.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

13. NAME Joseph Yurera

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury 3/10 1933
 Where did injury occur? Kansas City, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. home

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

15. MAIDEN NAME Mary Cacrippa

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

17. INFORMANT Elizabeth Yurera
 (ADDRESS) 2818 E 8th St

18. BURIAL, CREMATION, OR REMOVAL PLACE West St Marys DATE 3-14-1933

19. UNDERTAKER Rev B. Pappalardo
 (ADDRESS) St. Marys

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. N. O'Brien, M. D.
 (Address) 1034 Realto

20. FILED Mar 14 1933 M. M. Grove
Asst Registrar

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.

152
 16
 16

