

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

1428

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 452
 Township Haw Primary Registration District No. 1002 Registered No. 452
 City Kansas City (No. Terre Haute Hospital St. _____ Ward _____)

2. FULL NAME

Angela Corpora 2632 Campbell
 (a) Residence No. 2632 Campbell st Ward _____ (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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE Carolina Corpora

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
 7. AGE YEARS 73 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labor
 (b) General nature of industry, business, or establishment in which employed (or employer) mer
 (c) Name of employer mer

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

10. NAME OF FATHER Santo Corpora

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Giuseppina Giannalivigno

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)

14. INFORMANT Vincente Chiagnetta
 (Address) 2632 Campbell st

15. FILED 21 19 28 M. M. Levine REGISTRAR
Asor

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1928

17. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____, (that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pneumonia
Chronic Myocarditis
 CONTRIBUTORY (SECONDARY)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Edm. Corbridge, M. D.
 _____, 1928 (Address) Terre Haute

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill cml. DATE OF BURIAL 2-3 1928

20. UNDERTAKER A. Delesta ADDRESS city

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

