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

Do not use this space. 20506 Ferry

JUL 29 1929

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1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 151

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Frank Cuoco

(a) Residence. No. State Hospital #3 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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 OF: Mamie Signorelli

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 3, 1880

7. AGE: Years 48 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K. Italy

PARENTS
10. NAME OF FATHER: Mike Cuoco
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D.K. Italy
12. MAIDEN NAME OF MOTHER: Theresa Cuoco
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT: Mrs. Mamie Cuoco
(Address): K.C. Mo.

15. FILED 7/9/1929. E.R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 31 1929

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1926, to May 31, 1929, that I last saw him alive on ....., 1929, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gen. Paralysis of the insane
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(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Acute myocarditis with Malaria (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. O'Dell, M. D
May 31, 1929 (Address) Nevada Mo.

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*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: Kansas City, Mo. — DATE OF BURIAL: June 1 1929

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada, Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.