

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

Do not use this space.

30830
3854

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township Kaw Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. St. Mary's Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Antonio Molle St. _____ Ward. _____
 (Usual place of abode) 627 Forest (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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Molle
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 - - -

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

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

PARENTS
 10. NAME OF FATHER Battista Molle
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Maria Grazina
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)

14. INFORMANT Angeline Molle
 (Address) 627 Forest K.C. Mo.

15. FILED 9/13/29 M. M. Crowe
 asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/10 1929
 17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pericarditis with adhesions
900 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Stanley M. Hall, M. D.
9/13/29 (Address) Deputy Coroner
 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 Mt. St. Mary's DATE OF BURIAL 9/13 1929
 ADDRESS _____

20. UNDERTAKER A. Sebeto
 ADDRESS K City Mo

