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

Do not use this space.

16048

File No. 31-006
Registered No. 31-006

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas (No. 808 Park St. Ward) 1002
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Rose Rini Badali

(a) Residence. No. 808 Park Ave St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leo B. Badali

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1907

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
23	0	1	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Mathew Rini
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rose Gargotta
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT Mrs Jo Cottotta
(Address) 808 Park Ave.

15. FILED 5/7, 1930 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1930

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1930, to May 2, 1930, that I last saw her alive on May 5, 1930 and that death occurred, on the date stated above, at 1 15 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
9 2 A
10 1 A (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(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?
(Signed) Carl A. Jackson, M. D.
05, 1930 (Address) 5 & B Crowe Bldg

*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: May 8th 1930.
20. UNDERTAKER: Parsantino Bros
ADDRESS: City.

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.