

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

Do not use this space.

25038

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. 5 + Walnut) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 320 Garfield 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Angelo Delesio</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19, 1865</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>11</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
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) <u>Compo Basso Italy</u>		
13. NAME <u>Angelo Parapoly</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Compo Basso Italy</u>		
15. MAIDEN NAME <u>Fonetta Amoroso</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Compo Basso Italy</u>		
17. INFORMANT <u>Mrs. Anna Constantino</u> (ADDRESS) <u>529 Campbell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Culinary</u> DATE <u>7/14-1937</u>		
19. UNDERTAKER <u>Peter D. Kaputena</u> (ADDRESS) <u>B. C. No.</u>		
20. FILED <u>July 13, 1937</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1937, to July 11, 1937.
 I last saw him alive on July 10, 1937. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset one year
131
732
 Other contributory causes of importance:
Chronic pyelonephritis
Nephritis 4 months

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Louis Lawrence, M. D.
 (Address) 103 East 16th St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

