

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Haver

Primary Registration District No. 1002

City Kansas City

(No. General Hospital St. \_\_\_\_\_ Ward)

**31199**

File No. 31199

Registered No. 31199

**2. FULL NAME**

Josephine Cucimora

(a) Residence. No. 3803 East 13th St., 12 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**

female

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

(OR) WIFE OF Sam Cucimora

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

unknown

**7. AGE**

about 33

**YEARS**

**MONTHS**

**DAYS**

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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). none

(c) Name of employer. none

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

**10. NAME OF FATHER** Joe Cucimora

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Italy

**12. MAIDEN NAME OF MOTHER** Concetta George

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Italy

**14.**

**INFORMANT** Sam Cucimora

(Address) 3803 East 13th

**15.**

**FILED** 9/4, 1931 M.M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept. 2 - 1931

**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 \_\_\_\_\_.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Septicemia  
14 1/2 H  
149 B

**CONTRIBUTORY (SECONDARY)** Cholera (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

IS NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH** \_\_\_\_\_ DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** Yes

**WHAT TEST CONFIRMED DIAGNOSIS** Autopsy

(Signed) Stanley M. Fee M. D.

9/2, 1931 (Address) General Hospital

\*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 **DATE OF BURIAL** 9-5-1931

**20. UNDERTAKER** a. s. s. c. c. c. **ADDRESS** city

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.

