

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

Do not use this space.

1323

361

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kanaw Primary Registration District No. _____
 City Kansas (No. Mercy Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Baby Cariddi
 (a) Residence, No. 388 Olive 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29- 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/13/32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— — 17

22. I HEREBY CERTIFY, That I attended deceased from 1/25/32 to 1/29/32, 1932
 I last saw him alive on 1/29/32, 1932. Death is said to have occurred on the date stated above, at 2:50 am.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

Date of onset
Prematurity - one month.
107A
159 / 107A
 Other contributory causes of importance:
Bronchopneumonia

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

MOTHER
 13. NAME Busseppa Cariddi
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? yes

MOTHER
 15. MAIDEN NAME Grazia Ruggiero
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

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.

17. INFORMANT Busseppa Cariddi
 (ADDRESS) 388 Olive

Manner of injury _____
 Nature of injury (1)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mary's Convent DATE 1-30- 1932

19. UNDERTAKER Parrington Bros
 (ADDRESS) 11. C. Mo

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W.M. Howard, M. D.
 (Address) Mercy Hospital -

20. FILED 1/30 1932 W.D. Crow
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

