

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

Do not use this space.

29413

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 399
Primary Registration District No. 512 (Kash City) 1003

File No.
Registered No. 3587
St. Ward

2. FULL NAME

(a) Residence, No. 512 Park 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Victor Oddo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 years 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hannover

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) Catanzaro, Italy

13. NAME Mike Pallagatto

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

15. MAIDEN NAME Angolina Pallagatto

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

17. INFORMANT (ADDRESS) Victor Oddo
512 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 9-23-32

19. UNDERTAKER (ADDRESS) St. Joseph's
K. S. Vito

20. FILED 9/22/32 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-1932

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1932, to Sept 20th, 1932
I last saw h. alive on Sept 20, 1932 Death is said

to have occurred on the date stated above, at 1:50 m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial insufficiency

Date of onset 1930

Other contributory causes of importance:
Chronic interstitial nephritis
Arteriosclerosis (cardiac)

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? Yes

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? No
If so, specify _____

(Signed) Joseph Detelson, M. D.
(Address) 1219 Realt's Bldg.

Joseph Detelson

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.

PHYSICIAN
LOCATION:

HEAD OF DEATH
SECRETARY

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 512 Park Ave)

Registration District No. 399
Primary Registration District No. _____

File No. _____
Registered No. 3587
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 512 Park Ave Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor Oddo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Castellana Grotte
(STATE OR COUNTRY) Italy

13. NAME Mike Pallazatto

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

15. MAIDEN NAME Angolina Pallazatto

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

17. INFORMANT Victor Oddo, Jr
(ADDRESS) 512 Park Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 9-23-38

19. UNDERTAKER St. Raphael's
(ADDRESS) St. Raphael

20. FILED 9/22 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-38

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him alive on _____, 19____. 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:

Date of onset

Other contributory causes of importance:

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) _____, M. D.

(Address) _____

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

This is to certify that I Victor Oddo Jr., of 512 Park Ave., Kansas City, Missouri, wish to make a correction on the death certificate of Mrs. Josephine Oddo who passed away at 512 Park Ave. Sept. 20 1932. The first name should read Josephine and the correct age is 58 years, 3 months and 20 days. She was born May 30, 1874.

Victor Oddo Jr.
.....
Victor Oddo Jr.

County } *Jackson*
State } *Missouri*

On this .4. day of November, 1932, personally appeared before me the above named, Victor Oddo Jr. to me known and made affidavit that the statements herein contained are complete and true.

SEAL

My Commission Expires Aug. 23, 1934

Edw. J. Gutter
.....
NOTARY PUBLIC

5-29413