

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

Do not use this space.

8907

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 320
Township Kanaw Primary Registration District No. 8003
City Kansas (No. 518) Gillis St. _____ Ward _____

File No. _____
Registered No. 1039
St. _____ Ward _____

2. FULL NAME Frank Fontanella

(a) Residence, No. 518 Gillis St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Fontanello

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 10 14

8. Trade, profession, or particular kind of work done, as aptanner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
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) Italy

13. NAME Maximo Fontanella

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

15. MAIDEN NAME Jennie Costantino

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

17. INFORMANT John Battaglia

(ADDRESS) 546 Gillis

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary DATE 3-12-34

19. UNDERTAKER Pasantino Bros.

(ADDRESS) 1200

20. FILED 3-9 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/34 1934

22. I HEREBY CERTIFY That Frank Fontanella died on 3/8/34 at 2 P o'clock

I last saw him on 3/8/34 at 2 P o'clock. Death is said to have occurred in the date stated above, at 2 P o'clock.

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

Myocardial infarction
Coronary atherosclerosis
Chronic bronchitis

Other contributory causes of importance:

hypertension
arteriosclerosis

Name of operation _____ Date _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence, fall in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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 of injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. J. J. [Signature] M.D.

(Address) [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.

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

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16
16
16

