

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.

APR 25 1934

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

Do not use this space.

8908

1. PLACE OF DEATH

County *Mo.*
Township *Heard*
City *K.C.*

Registration District No. *399*
Primary Registration District No. *1002*
(No. *323*, *Prosper*)

File No.
Registered No. *1110*
St. Ward

2. FULL NAME

Josephine Grego
(a) Residence No. *323* St., Ward.

(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) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anello Grego*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 15-1874*

7. AGE YEARS *59* MONTHS *8* DAYS *20*
If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *V*
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 *Louis Cappucco*

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

15. MAIDEN NAME *Mary Tompaso*

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

17. INFORMANT (ADDRESS) *Daughter Windsor*

18. BURIAL, CREMATION, OR REMOVAL PLACE *W.M. Mary's* DATE *March 11 1934*

19. UNDERTAKER (ADDRESS) *W. Schmitt 901 East 7th*

20. FILED *3-9-34* *M. M. Crowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 7 1934*
22. I HEREBY CERTIFY, That I attended deceased from *6/9*, 19*24*, to *Mar 7*, 19*34*
I last saw him alive on *Feb 11*, 19*34*. 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:

Carcinoma R. Breast
General metastases
50 years
53E
59
Date of onset *3 1/2 years*
4 yrs

Other contributory causes of importance:
Metastases in brain
Conclusions R. brain refer
Diabetes 10 years
6 yrs

Name of operation *removal R. breast* Date of *Feb 21 34*
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? *no*
If so, specify

(Signed) *P. S. Madala*, M. D.
(Address) *1132 N. S. ...*

Do Milne
Prof 1844