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.

OCT 17 1935

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

Do not use this space.

28756

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 951

City St. Joseph, (No. St. Joseph,s Hospital St. Ward)

2. FULL NAME Margaret Josephine Cianciolo

(a) Residence, No. 3018 Miller Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 6 mos. 11 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 HUSBAND OF (OR) WIFE OF: Guy Cianciolo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March.1.1903

7. AGE: 32 YEARS, 6 MONTHS, 11 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) (STATE OR COUNTRY): St. Joseph, Missouri

FATHER

13. NAME: Joseph Wilmot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri.

MOTHER

15. MAIDEN NAME: Anna Steigner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri,

17. INFORMANT (ADDRESS): Guy Cianciolo 3018 Miller Avenue

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemt
PLACE St. Joseph, Mo. DATE Sept. 14 1935

19. UNDERTAKER (ADDRESS): H.O. Sidenfaden 1802 Union Street St. Joseph, Mo.

20. FILED 9-13 1935 John R. Bender F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September.12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sep 10, 1935, to Sep 12, 1935

I last saw her alive on Sep 12 - 35, 19.. Death is said to have occurred on the date stated above, at 7/40a.m.

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

	Date of onset
Coronary Embolism	Sep 12
Other contributory causes of importance:	
Mitral Disease & Myocarditis	1935

Name of operation: Chemical Date of

What test confirmed diagnosis? Was there an autopsy? No

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) J. M. Allaman, M. D.

(Address) St. Joseph Mo