

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 308 Wabash)

File No. 19082
Registered No. 2503
St. _____ Ward _____

2. FULL NAME

Concetta Solo
(a) Residence, No. 308 Wabash St., _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~BOSS~~ OF (OR) WIFE OF Ruigi Solo

22. I HEREBY CERTIFY, That I attended deceased from February 29, 1937, to May 19, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1891

I last saw her alive on May 18, 1937, 1937 Death is said to have occurred on the date stated above, at 6:30 A.M. 5/19/37

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 45 8 17

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

Carcinoma of stomach Date of onset _____

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 _____

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Other contributory causes of importance: _____

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

13. NAME Rosario Coppello

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

15. MAIDEN NAME Giuseppe Licita

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

17. INFORMANT Geo. Chiodola

18. BURIAL, CREMATION, OR REMOVAL PLACE West Maple DATE 5/21, 1937

19. UNDERTAKER A. Sebasta

(ADDRESS) 901 18th St

20. FILED May 19, 1937 M. M. Brown
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1937

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) Andrew Perry Paneth, M. D.
(Address) 207 Argon Bldg Kansas City, Mo.

copies of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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