

AUG 11 1937

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

Do not use this space.

26145

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Jean Primary Registration District No. 1002  
City Kansas City (No. 122 Gen. Hosp)

File No. \_\_\_\_\_  
Registered No. 2073  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 516 Olive 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
24 2 19

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) Louisiana

13. NAME Ros DeCaso

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

15. MAIDEN NAME Margaret Ala

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

17. INFORMANT (ADDRESS) Reuben Cley

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary DATE July-3-37

19. UNDERTAKER (ADDRESS) Parasanto Bros

20. FILED 1/2 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-37

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1937 to 6-30, 1937  
I last saw her alive on 6-20, 1937 Death is said to have occurred on the date stated above, at 9:40 am  
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease with Auricular Fibrillation, Acute nephritis  
95B  
Other contributory causes of importance:  
Abscess of the Uriger  
Not tuberculous  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Y

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) P. F. De Maria M. D.  
(Address) 516 Olive St. Kansas City

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.

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