

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

24836

Do not use this space.

3049

REC'D AUG 7 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Jackson Primary Registration District No. 1
 or W. 1st
 (c) City W. 1st (d) Street No. 333 Park St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth?, yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 333 Park St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luciano Curcio</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1884 - Sept. 22</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>10</u>	DAYS <u>6</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Home</u>		
9. Industry or business in which work was done, as 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) <u>Italy</u> <u>7</u>		
FATHER		
13. NAME <u>Offio Gasbana</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> <u>11</u>		
MOTHER		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
17. INFORMANT (ADDRESS) <u>Rosario Curcio</u> <u>333 Park</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>W. Mary</u> DATE <u>9/31</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>D. S. S. S.</u> <u>401 E. 5th</u>		
20. FILED <u>July 30, 1939</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-27-39, 1939, to 7-27-39, 1939.
 I last saw her alive on 7-27-39, 1939. Death is said to have occurred on the date stated above, at 1:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia
10/2

Date of onset

Other contributory causes of importance:
Manic depressive insanity.

Name of operation..... 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? NO 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 no
 (Signed) D. M. Nigro, M. D.
 (Address) 525 Argyle Bldg., K. C., MO.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.