

1937 SEP 6 1939

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

28198
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
 (b) Township W. C. 1 Primary Registration District No. 1007
 (c) City K. C. Mo. (d) Street No. 910 E 5th St 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 910 E 5th St 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 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 Diego Marsala
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 - 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 17. INFORMANT (NAME) (ADDRESS) Mrs. Fortunata Belledonna
910 E 5th St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 8/14 1929
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Lepetina
534 Campbell St.
 20. FILED 8/13 1939 M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5:11 1939 to 8:11 1939
 I last saw her alive on 8/11 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Senility
97
 Other contributory causes of importance:
Generalized arteriosclerosis
 Name of operation none Date of none
 What test confirmed diagnosis? clinical 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?
 If so, specify _____
 (Signed) J. H. Nees M.D. M. D.
 (Address) K. C. Kansas

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.

THIS IS A PERMANENT RECORD

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,

Wm P. Torrey

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Wm P. Torrey

Licensed Embalmer No. 3441

P. O. Address 538 Campbell St

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.