APR 22 1927

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

Do not use this space.

7315

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph, s Hospital St. Ward)
File No.
Registered No. 281

2. FULL NAME Rosa Marie Josephine Donidao
(a) Residence. No. 1607 North 2nd Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March. 17. 1898.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Garment Worker
(b) General nature of industry, business, or establishment in which employed (or employer): R.L.McDonald Mfg CO.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cheremont, Italy

PARENTS

10. NAME OF FATHER: Frank Donidao
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cheremont, Italy
12. MAIDEN NAME OF MOTHER: Marie Parona
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cheremont, Italy

14. INFORMANT: Frank Donidao
(Address) 1607 North 2nd Street

15. FILED MAR 16 1927 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March. 15. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1927, to Mar 15, 1927 that I last saw her alive on Mar 14 4/50.a 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
R & Left.
108
4010
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1607 N 2
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Frank C. Hartigan, M. D
Mar. 16, 1927 (Address) King Hill Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemetery
DATE OF BURIAL: March. 17 1927

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union Str

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