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

Do not use this space.

10388

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. Cels Hosp. St. ..... Ward)

File No.....

Registered No. 2982

2. FULL NAME Grazia Lagony

(a) Residence. No. 1440 N 17 St., 25 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 8 1877

7. AGE: Years 49 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Matteo Iello

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

12. MAIDEN NAME OF MOTHER: Concetta Laverde

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT: Tony Lagony
(Address) 1440 N 17 St

15. FILED MAR 28 1927 19.. Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 25 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 430 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

W. M. A. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 a

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H W Hath, M.D.

3/26, 1927 (Address) Deputy Coroner

*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: Calvary

DATE OF BURIAL: Mch 28 1927

20. UNDERTAKER: Benserk Nirhan

ADDRESS: 1138 N 6

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.

[illegible], WITH UNFADING INK—THIS IS A PERMANENT RECORD