

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

Do not use this space.

18271

**1. PLACE OF DEATH**

County Jackson Registration District No. 391 File No. 2374  
 Township Raw Primary Registration District No. 1007 Registered No. 2374  
 City Kansas City (No. St. Joseph Hospital St. Ward)

**2. FULL NAME**

(a) Residence. No. 513 Olive St. 9 Ward. Guiseppina Guerriere (Giuseppino Guerriere)  
 (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 married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) none  
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Giovanni Bonomo

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

12. MAIDEN NAME OF MOTHER Maria Meliceto

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

14. INFORMANT Sam Guerriere  
 (Address) 513 Olive St.

15. June 10, 1927 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1927

17. I HEREBY CERTIFY That I attended deceased from May 12 1927 to June 8 1927  
 that I last saw him alive on June 8 1927 and that death occurred, on the date stated above, at 9:05 p.m.

THE CAUSE OF DEATH: WAS AS FOLLOWS:  
Cardiac decompensation  
90 W  
5B (duration) 2 yrs. 2 mos. 0 ds.  
 CONTRIBUTORY (SECONDARY) Mitral stenosis  
 (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED not known  
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
4/9 (Signed) Joseph Meliceto M. D.  
 (Address) 415 Maple Blvd.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL not at home DATE OF BURIAL June 11 1927

20. UNDERTAKER A. Sebida ADDRESS 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.

