

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.

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

Do not use this space.

30594

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 1012 E. 11th. Ave)

File No. 102
Registered No. 102
St. _____ Ward _____

2. FULL NAME

Giuseppe Piazza
(a) Residence. No. 1012 East 11th, St. _____, Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Maria Piazza

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

7. AGE YEARS 44 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy

10. NAME OF FATHER

Undivision

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER

Undivision

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

14.

INFORMANT Maria Piazza
(Address) 1012 East 11th. Ave

15.

FILED 10/30/27 M. M. Crowe REGISTRAR
Acor

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-28-27

17. I HEREBY CERTIFY That I attended deceased from Oct 23, 1927 Oct 28, 1927 that I last saw alive on Oct 28, 1927 and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10% Acute pneumonia, labor
95B
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) heart failure
acute dilatation of heart
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

10/29, 1927 (Signed) Antonio Saladino, M. D.
(Address) Ke Mo

*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

mt. st. mary DATE OF BURIAL act 31 1927

20. UNDERTAKER

a. Selduto ADDRESS city

