

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

Do not use this space.

37021

1. PLACE OF DEATH

County..... Jackson Registration District No..... 399
Township..... Shaco Primary Registration District No..... 1002
City..... Kansas City (No. General Hospital) St. Ward)

File No. 96
Registered No. U.S. 10
St. Ward)

2. FULL NAME

Joe Coloyera Maggio
(a) Residence. No. 661 Park Ave. 9 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 m 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 Coloyera Maggio

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labour
(b) General nature of industry, business, or establishment in which employed (or employer) M. D. P. Co.
(c) Name of employer

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

10. NAME OF FATHER Antonino Maggio

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

12. MAIDEN NAME OF MOTHER Maria Antonia Gargano

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

14. INFORMANT Maria Antonia Maggio
(Address) 661 Park Ave

15. 1727 27 M. M. Cronin
FILED 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1927

17. I HEREBY CERTIFY That I attended deceased from St. Joseph's Corner 19..... to 19..... and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis

11.3 1927 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1927 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE April 20 1927
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Pathology
(Signed) Henry J. Johnson, M.D.
1727 (Address) St. Joseph's Corner

*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 St. Joseph's DATE OF BURIAL 12-20-1927

20. UNDERTAKER A. S. Seltzer ADDRESS City

K. 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

