

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

Do not use this space.

1054

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kear Primary Registration District No. _____
 City Kansas City (No. 636 Olive) St. _____ Ward _____
 Registered No. 82 74

2. FULL NAME

Catherine Napoli Kansas City, Mo.
 (a) Residence. No. 636 Olive St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>11-28-26</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 28-1926</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>11</u>	<u>7</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>child</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>non</u> (c) Name of employer <u>non</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
PARENTS	10. NAME OF FATHER <u>Joseph Napoli</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	12. MAIDEN NAME OF MOTHER <u>Elisabetta</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/5/28 1928
 17. I HEREBY CERTIFY, That I attended deceased from 1-3, 1928, to 1-5, 1928
 that I last saw h. w alive on 1-3, 1928, and that death occurred, on the date stated above, at 9 p. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia (Primary)
129 (duration) ? yrs. mos. da.
 CONTRIBUTORY peritonitis
 (SECONDARY) (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Residence
 DID AN OPERATION PRECEDE DEATH: no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS: Physical findings
 (Signed) H.S. Berger M. D.
1-5, 1928 (Address) 1211 Fed. Res. 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.
 14. INFORMANT Joseph Napoli
 (Address) 636 Olive St
 15. FILED 1-7-28 M M Crowe REGISTRAR
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood cemetery DATE OF BURIAL 1-7-1928
 20. UNDERTAKER A Schelton ADDRESS city

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

