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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 5027

Township: Kaw — Primary Registration District No.: 1002 — Registered No.:

City: Kansas city (No. 1330 north ave St. Ward)

2. FULL NAME Girolamo Coriddi

(a) Residence. No. 1330 north ave St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
fem	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 — 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3.	7	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer): non
(c) Name of employer: non

9. BIRTHPLACE (CITY OR TOWN): Kansas city
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Joe Coriddi
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Grazia Ruggiero
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Italy

14. INFORMANT: Joe Coriddi
(Address): 1330 north ave

15. FILED: 2/16, 1928 M M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 — 15 — 1928

17. I HEREBY CERTIFY, That I attended deceased from 2 — 5th, 1928, to 2 — 15th, 1928, that I last saw h. alive on 2 — 14th, 1928, and that death occurred, on the date stated above, at 8 15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngeal Diphtheria
Post Diphtheritic Paralysis
(Cardiac)
(duration) yrs. mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] M. D.
2/16, 1928 (Address) 515 Lee 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
mt. st mary	2-16 1928
20. UNDERTAKER	**ADDRESS**
a scheluto	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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD