

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

Do not use this space.

15367 45100

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1009**
(No. **1419 Francis**)

File No.
Registered No. **4301**
St. Ward)

2. FULL NAME

Philomena Capone
(a) Residence. No. **1419 Francis** St. **W** Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widow**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Apr 19 1928**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Capone**

17. I HEREBY CERTIFY That I attended deceased from **March 1**, 19**28**, to **April 19**, 19**28** that I last saw him alive on **April 19**, 19**28**, and that death occurred, on the date stated above, at **5a** in.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 27, 1858**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, — hrs. or — min.
69 8 22

Chronic myocarditis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Shoework**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) **90 B**

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER **Mike D'Argosio**

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WAS THERE AN AUTOPSY.....

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

WHAT TEST CONFIRMED DIAGNOSIS.....

12. MAIDEN NAME OF MOTHER **Maria Unknown**

(Signed) **J. A. Thompson**
(Address) **3121 N Grand**

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

*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 **Mrs. P. Gloriosa**
(Address) **1419 Francis**

18. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **Apr 21 1928**

15. FILED **PR 20 1928** REGISTERED **Francis**

19. UNDERTAKER **Benuech Nehaus** ADDRESS **1138 N 6**

R. 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.

