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

Do not use this space.

16305

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 5127

City St. Joseph (No. ..... St. ..... Ward)

File No. ..... Registered No. 2425

2. FULL NAME Mabel Cristo

(a) Residence. No. Kirchners Add. St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 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) |
|---|---|---|
| Female | White | Divorced |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1882

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 45 | 11 | 19 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Scott Belto

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

12. MAIDEN NAME OF MOTHER Susan M. Demont

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

14. INFORMANT Albert A. Mc Clentock
(Address) 106 So. 5th. St. Kansas City Mo.

15. FILED May 4, 1928 J. J. Banstock REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 19 28, to May 2, 19 28, that I last saw her alive on May 1, 19 28, and that death occurred, on the date stated above, at 12:15 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9 A
10 A Mitral Insufficiency

(duration) yrs. mos. ds. General Month

CONTRIBUTORY (SECONDARY) Chronic Bronchitis

(duration) yrs. mos. ds. General

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90A

(2) DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Fenton Y Gordon, M. D

5/2/, 19 28 (Address) 216 W. Mo. and

*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 Kansas City Kansas.

DATE OF BURIAL May 4, 1928

20. UNDERTAKER Fred D. Clark

ADDRESS 5025 King Hill Av.

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.