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

Do not use this space.

File No. 17311

Registered No.

**1. PLACE OF DEATH**

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas city (No. 1212 East 5th st St. Ward)

**2. FULL NAME** Antonietta Crispi

(a) Residence. No. 1212 East 5th 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: fem
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 — 25

7. AGE: Years 2 | Months 11 | Days 2 | If LESS than 1 day, ....hrs. or ....min.

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 Nicola crispi
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) italy
12. MAIDEN NAME OF MOTHER Michela Spera
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) italy

14. INFORMANT Nicola crispi
(Address) 1212 East 5th st

15. FILED 5/24 1928 M. M. Crowe Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 — 23 1928

17. I HEREBY CERTIFY, That I attended deceased from April 16th, 1928, to May 23rd, 1928 that I last saw him alive on May 23rd, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rickets

(duration) yrs. 3 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 56

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Louis Lauwenzana, M. D
5/24, 1928 (Address) N.E.C. Walnut & 6th St. Mysticway

*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: mt. st mary — DATE OF BURIAL: 5-25 1928

20. UNDERTAKER: A. Sebbeta — ADDRESS: 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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD