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

Do not use this space.

17423

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: [illegible]

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: [illegible]

City: Kans. City Mo. — No. Mercy Hospital — St. — Ward)

2. FULL NAME Vera Marabella

(a) Residence. No. 914 Mo. Ave St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: Dtal.
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): Oct 7, 1927

7. AGE — YEARS: — MONTHS: 7 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shield
(b) General nature of industry, business, or establishment in which employed (or employer): nor
(c) Name of employer: nor

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

PARENTS

10. NAME OF FATHER: Vito Mirabella
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Antonina Mirabella
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): By Relation
(STATE OR COUNTRY): Italy

14. INFORMANT: Vito Mirabella
(Address): 914 Mo. Ave

15. FILED: 6/1, 1928 M. M. Crowe, Registrar
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 30 1928

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to May 30, 1928, that I last saw her alive on May 30, 1928, and that death occurred, on the date stated above, at May 30 m. 9 34 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Broncho-Pneumonia (Primary) 107A

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): 100A

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical finding

6/1 (Signed) H. C. Berger, M. D.

1928 (Address) Federal Reserve Bank Bldg (Omaha)

*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: Jun 1 1928

20. UNDERTAKER: a rebeto — 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.