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

Do not use this space.

File No. 40829
Registered No. 5205

1. PLACE OF DEATH
County: Jackson
Registration District No. 399
Township: Kaw
Primary Registration District No. 1002
City: Kansas City (No. Research Hospital St. Ward)

2. FULL NAME: Nerina Monachesi
(a) Residence. No. 523 Woodland St., 9 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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: A. Monachesi
6. DATE OF DATE OF BIRTH (MONTH, DAY AND YEAR): Unk 1884
7. AGE: Years 44; Months; Days; If LESS than 1 day, ...hrs. or ...min.
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): none
(c) Name of employer: none
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

PARENTS
10. NAME OF FATHER: Giuseppe Vitalone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Maria Antonelli
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT: Armando Monachesi
(Address): 523 Woodland
15. FILED: 12/17, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/16 1928
17. I HEREBY CERTIFY, That I attended deceased from 12/13/28, 1928 to 12/16, 1928, that I last saw her alive on 12/16, 1928, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
111A
111B
Influenza pneumonia (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY): Pulmonary edema (duration) yrs. mos. 1/2 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home 523 woodland
19. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical sign
(Signed) W. Morris Sindlog, M. D.
12/17, 1928 (Address) 724 Argyle Blvd

*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: 12-18-1928
20. UNDERTAKER: A. Bellelo
ADDRESS: Kan City Mo

Dr. A. Morris Sindlog - 724 Argyle Blvd Unatma 37739

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

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.