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

Do not use this space.

1493

1. PLACE OF DEATH — Registration District No. 399

County Jackson — Primary Registration District No. 1002 — File No. 81

Township Kaw — Registered No. 81

City Kansas city (No. 536, Harrison ave St. ..... Ward)

2. FULL NAME Filomena Dontoro

(a) Residence. No. 536 Harrison 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. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Antonio Dontoro

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE — YEARS: 58 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

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

(c) Name of employer: non

9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY) Italy

PARENTS

10. NAME OF FATHER Nicolo defeo

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

12. MAIDEN NAME OF MOTHER Rosa dimeo

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

14. INFORMANT Mike Dontoro

(Address) 536 Harrison St

15. FILED 1/7, 19 29 M. M. Cosme

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-28, 1928, to 1-3, 1929, that I last saw h~~im~~er alive on 1-3, 1929, and that death occurred, on the date stated above, at 9 00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1094

Bronchopneumonia (duration) ..... yrs. ..... mos. 5 da.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... da.

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? Physical Examination

(Signed) [illegible] M D

1-5, 1929 (Address) 1014 McGee St Kcy

*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: 1-7-1929

20. UNDERTAKER: A. Scheletto — ADDRESS: Kansas City, Mo

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.

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

48 10 92 235 16 16