

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

Do not use this space.

1499

1. PLACE OF DEATH

County Jackson
 Township Kear
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002

File No. _____
 Registered No. 87
 St. _____ Ward _____

2. FULL NAME

Tranieri, M.E.
 (a) Residence. No. 1012 Chestnut St. 9 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

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

Dec. 27, 1855

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ____ hrs. or ____ min.

73

10

8. OCCUPATION OF DECEASED

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

none

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1-7 1929

17.

I HEREBY CERTIFY, That I attended deceased from

1-4 1929, to 1-7-7 1929
 that I last saw him alive on 1-7-7 1929 and that death occurred, on the date stated above, at 4:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated inguinal hernia

12.2A

12.9

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Peritonitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT BY PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P.E. Williams, M.D.

1-8 1929 (Address) Subt KC Genl Hosp.

*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

DATE OF BURIAL

Iles - Moins Iowa

1-9- 1929

20. UNDERTAKER

O.U. Mack

ADDRESS

KC Mo.

14. INFORMANT

(Address)

Reina Clark
Kansas City Genl Hosp

15. FILED

Jan 8 29 M.M. Crowe

REGISTRAR

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

48
10
9

262

2

2

2

