

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.

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

Do not use this space.

1723

1. PLACE OF DEATH

County Jackson
Township Maize
City Kansas city (No. 1113)

Registration District No. 399
Primary Registration District No. 1002

File No. 317
Registered No. 317
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 1113 Pacific St., 1 Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Frank Lucicero

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

49

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)

none

(c) Name of employer

none

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Italy

10. NAME OF FATHER

Giuseppe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Italy

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Italy

14.

INFORMANT
(Address)

Frank Lucicero
1113 Pacific

15.

FILED

1-22-29
M. M. Crowe
Asst REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

1-21-29

17.

I HEREBY CERTIFY, That I attended deceased from 1-13-29

....., 19....., to 1-29-29, 19.....
that I last saw her alive on 1-20-29 (4 PM), 19....., and that
death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial 131
Nephritis 104A

CONTRIBUTORY
(SECONDARY)Obesity (duration 5 yrs. mos. ds.)Cold & kidney Kidneys

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Physical signs(Signed) Herbert M. Harold, M. D.1/22, 1929 (Address) 2947 Main St

*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

mt. a. cemetery 1-24-29

20. UNDERTAKER

ADDRESS

A. Schlichter city

