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

Do not use this space.

3707

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... No. 1730 No 7th St. (Ward)

File No.....

Registered No. 307

2. FULL NAME Mary Palmisano

(a) Residence. No. 1730 No. 7 St., 25 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Salvatore Palmisano

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 15. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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) Italy

PARENTS

10. NAME OF FATHER Philip Cangare
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Alice Palmisano
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Italy

14. INFORMANT Mrs. Mary Palmisano
(Address) 1730 No 7th St

15. FILED JAN - 7 1929, 19.....
Ray C. Stanton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929 to Jan 5, 1929 that I last saw h. alive on Jan 5, 1929, and that death occurred, on the date stated above, at 1.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
10 Hr
Bronchial Pneumonia
(duration) yrs. mos. 2 ds.

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

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) F. Gozzer, M. D
Jan 5, 1929 (Address) 2500 Wardwell Av

*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 Calvary — DATE OF BURIAL Jan 8 1929

20. UNDERTAKER Bennett-Nelson — ADDRESS 1138 N 6