

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

Do not use this space.

6481

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas city (No. 566 Tracy ave) St. Ward (If nonresident give city or town and State)

2. FULL NAME

(a) Residence. No. 566 Tracy St. 1 Ward. (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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 6 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
 (b) General nature of industry, business, or establishment in which employed (or employer) non
 (c) Name of employer non

9. BIRTHPLACE (CITY OR TOWN) Kansas city
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Giovanni Fiorelli

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

12. MAIDEN NAME OF MOTHER Antonia Pasquale

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

14. INFORMANT Giovanni Fiorelli
 (Address) 566 Tracy ave

15. FILED 2-8-29 M M Emme REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 - 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1929, to Feb 6 1929, that I last saw h. alive on Feb 6 - 19 29, and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Double) Lobae.
101W (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Almgaz
 2-8 (Signed) Sheila Ostadler, M. D.
 (Address) J. C. Mo

*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 int. St Mary DATE OF BURIAL 2-9-19 29

20. UNDERTAKER A. Sebeto ADDRESS city

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.

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