

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

Do not use this space.

6526

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 90th East 16th Ave.) St. Ward

2. FULL NAME Rosa Berardi
 (a) Residence No. 90th East 16th 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.

File No.
 Registered No. 689
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Antonio Berardi</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>February 10, 1929</u>				
7. AGE	YEARS <u>63</u>	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u> (c) Name of employer <u>none</u>				
9. BIRTHPLACE (CITY OR TOWN) <u>Castel Volturno</u> (STATE OR COUNTRY) <u>Pomona Italy</u>				
10. NAME OF FATHER <u>Giuseppe</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)				
12. MAIDEN NAME OF MOTHER <u>Caterina Messina</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)				
14. INFORMANT <u>Joe Vaccaro</u> (Address) <u>412 East 16th Ave</u>				
15. FILED <u>2-11-29</u> <u>M M Erma</u> <u>Asst</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Feb. 10 - 1929</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>1-26</u> <u>1929</u> to <u>Feb 10</u> , 19 <u>29</u> that I last saw her alive on <u>Feb 10</u> , 19 <u>29</u> , and that death occurred, on the date stated above, at <u>8 a.m.</u>	
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Pneumonia</u> <u>10 7/11</u> (duration) yrs. mos. <u>12</u> da.	
CONTRIBUTORY (SECONDARY) <u> </u> (duration) yrs. mos. da.	
18. WHERE WAS DISEASE CONTRACTED <u> </u> IF NOT AT PLACE OF DEATH?	
19. DID AN OPERATION PRECEDE DEATH? <u> </u> DATE OF <u> </u> WAS THERE AN AUTOPSY? <u> </u>	
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) <u>R M Myers</u> , M. D. <u>2-11-29</u> (Address) <u>531 Poyale</u>	
*State the DISEASE CAUSING DEATH, or in deaths from UNKNOWN CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>out - St Mary</u>	DATE OF BURIAL <u>2-12-29</u>
20. UNDERTAKER <u>A. Schmitt</u>	ADDRESS <u>city</u>

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.

PARENTS

