

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

Do not use this space.

6666

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township New Primary Registration District No. 1002  
 City New (No. 4416 Montgall) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 831

2. FULL NAME Isadore Gaudes  
 (a) Residence, No. 4416 Montgall St. \_\_\_\_\_ 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Ma  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24-1901  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
28 years 2 months 22 days  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) Not Employed  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.  
 10. NAME OF FATHER Isadore Gaudes  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bologna Italy  
 12. MAIDEN NAME OF MOTHER Oliva Javerella  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Palermo Italy

14. INFORMANT Mrs. Oliva Gaudes  
 (Address) 4416 Montgall St.  
 15. FILE NO. 2-1929 REGISTRAR W. M. Brown

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1929  
 17. I HEREBY CERTIFY That I attended deceased from July 14 1928 to Feb 16 1929  
 that I last saw him alive on Feb 16 1929, and that death occurred, on the date stated above, at 105 P. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
malignant endocarditis  
923  
930  
91A (duration) yrs. 8 mos. ds.  
 CONTRIBUTORY (SECONDARY) Endocarditis & myocarditis (duration) 7-8 yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS? By exam + heart culture  
 (Signed) John G. Williams, M. D.  
18, 1929 (Address) 734 1/2 S. 1st 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 St Mary's DATE OF BURIAL 2/19 29  
 20. UNDERTAKER John G. Loggins ADDRESS KC

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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