

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

Do not use this space.

6784

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. St. Joseph)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 950  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Marie (Scott) Scalzo  
(a) Residence. No. 4835 Brooklyn 15 ward.  
(Usual place of abode)

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 Fe. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 8 9 1

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo

10. NAME OF FATHER Joe Scalzo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Winnie Calderella

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wier City (STATE OR COUNTRY) Kansas

14. INFORMANT Joe Scalzo (Address) 4835 Brooklyn

15. 2-26-29 FILED, 1929 REGISTRAR Asst.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 25, 1929, that I last saw him alive on Feb 24, 1929, and that death occurred, on the date stated above, at 5:30 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
11A Broncho pneumonia (Influenza)

CONTRIBUTORY (SECONDARY) 11C (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1626 W 4th St

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam  
(Signed) Edwin Perry Fisher, M. D.

(Address) 822 Plaza Bldg

\*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 Marys DATE OF BURIAL 2/26 1929

20. UNDERTAKER Chapman ADDRESS KE

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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