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

Do not use this space.

10542

File No. 10541

Registered No.

1. PLACE OF DEATH

County: Jackson

Township: Raw

City: Kansas city (No. 3922 Wayne St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Antonina Occhipinti (Occhipinti)

(a) Residence. No. 3922 Wayne St., 13 Ward. Occhipinti (If no resident give city or town and State)
(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: fim

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF: Rosario acchipinti

6. DATE OF BIRTH (MONTH, DAY AND YEAR): act-8-1878

7. AGE: Years 50 | Months 4 | Days 24 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hawer work
(b) General nature of industry, business, or establishment in which employed (or employer): non
(c) Name of employer: non

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

PARENTS

10. NAME OF FATHER: Cosimo geraci

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

12. MAIDEN NAME OF MOTHER: biagyia Butera

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

14. INFORMANT: Salvatore Gerace
(Address): 602 East 5th st

15. FILED 3/2, 1929 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-2-1929

17. I HEREBY CERTIFY, That I attended deceased from 3/28, 1929, to 3/2, 1929, that I last saw her alive on 3/1, 1929, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial
Pneumonia
(duration) yrs. mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) F. C. Ramsey, M. D.
3/2, 1929 (Address) 311 Argyle 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: mt. st marys

DATE OF BURIAL: 1929

20. UNDERTAKER: A. Sebbito.

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.

2 Gen'l by aff
Ticket Pd 3
16
16
16

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 1054 41 29
Local Registrar's No. 1041

On this 17 day of June, 1953 before me appears Salvatore Geraci, who, upon his oath, states that the original record of ~~birth~~ death for Ontonina Occhipuento, died March 2, 1929, in the State of Missouri, and which was filed at K. C. on 3-2, 1929, should be corrected as follows:

Item No. 2 should read Antonina Occhipinti
Instead of Ontonina Occhipuento

Item No. ..... should read .....
Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Salvatore Geraci
Relationship Brother
X 4435 Wayne K.C. Mo.
Present Address.

Subscribed and sworn to before me this 17th day of June, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

S-10542