

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

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Do not use this space.
10825

1. PLACE OF DEATH

County Sackerson Registration District No. 255 File No. 1085
 Township Hann Primary Registration District No. 1005 Registered No. 1005
 City Hannover City (No. General Hospital) St. Ward

2. FULL NAME

Antonina Cattone
 (a) Residence No. 515 Holmes 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 - 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 5 26

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) none
 (c) Name of employer none

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

10. NAME OF FATHER Frank Cattone

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

12. MAIDEN NAME OF MOTHER Rita Della Porta

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

14. INFORMANT Frank Cattone
 (Address) 515 Holmes

15. FILED 3/21, 1929 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-20 1929

17. I HEREBY CERTIFY That I attended deceased from 3-8 1929, to 3/20 1929, that I last saw her alive on 3/20/29, 1929, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic
of
Cerebro spinal
meningitis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 24
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS laboratory & clinical findings
 (Signed) [Signature], M. D.
3/21, 1929 (Address) 501 1/2 Med Arts 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 DATE OF BURIAL

mt st more 3/22 1929

20. UNDERTAKER Carroll's ADDRESS Hannover City, Mo

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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