

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

Do not use this space.

18649

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. Council Bluffs)

File No. 18649
Registered No. 124 (Ward)

2. FULL NAME

(a) Residence. No. Verona no 5242 2 Ward.

Verona, R.F.D. #2
(If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 10 13

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

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

10. NAME OF FATHER Simon Kausch

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

12. MAIDEN NAME OF MOTHER Clara Kloe

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

14. INFORMANT J. J. Sperandio
(Address) Verona, Mo.

15. FILED 6-4-29 W. Smart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1929
17. I HEREBY CERTIFY, That I attended deceased from 1922 to May 29, 1929, that I last saw her alive on May 29, 1929, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia - ch. Parenchymatous nephritis
(duration) 7 yrs. 10 mos. 15 ds.
CONTRIBUTORY (SECONDARY) Mucous colitis, Unstable Angina
(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? Chemical Lab.

(Signed) RA Cowan, M. D.

, 19 (Address) Aurora, Mo.

*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 Verona Catholic Cem DATE OF BURIAL 5/31 1929

20. UNDERTAKER King Funeral Home ADDRESS Aurora Mo.

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.

RECORD

THIS IS A PERMANENT RECORD

1929
55
4-1
295
10
2

2