

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

Do not use this space.

29046
8157

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 461 Laurel)

Registration District No. 91
Primary Registration District No. 1008

File No.
Registered No.
St. Ward)

2. FULL NAME Grezis Viviano

(a) Residence. No. 461 Laurel St. 5 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7, 1929

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

17. I HEREBY CERTIFY, That I attended deceased from August 1, 1929, to August 5, 1929, that I last saw the alive on August 5, 1929, and that death occurred, on the date stated above, at 5 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 23

91 Sclerosis of Arterys
(duration) yrs. mos. ds. 5
CONTRIBUTORY Cerebral Emoragy
(SECONDARY)
Arteriosclerosis (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH MIAMI
DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Dr. G. Paloldi, M. D.
19 (Address) 917 W 7th 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.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy

10. NAME OF FATHER Pietro Cusumano

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT V. Viviano
(Address) 461 Laurel

15. FILED Ray C. Stanley REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Maus DATE OF BURIAL Aug 1, 1929
20. UNDERTAKER Bensick-Michaels ADDRESS 1138 116th

Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

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