

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

Do not use this space.

37296

File No. 4706
Registered No. 4706
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township Kaw
City KC (No. 549 Campbell)

Registration District No. 399

Primary Registration District No. 1032

2. FULL NAME

(a) Residence. No. 549 Campbell 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-28-1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>5</u>	<u>6</u>	<u>2</u>	<u>1</u>	

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).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Protinae Kans
(STATE OR COUNTRY)

10. NAME OF FATHER Vincent De Marco

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

12. MAIDEN NAME OF MOTHER Rose Durano

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

14. INFORMANT V De Marco
(Address) 549 Campbell

15. FILED 11/21 19 29 M. M. Crowe
REGISTRAR ant

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-19 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-17 1929, to 11-19 1929 that I last saw him alive on 11-19 1929, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
(primary)
107-A (duration) - yrs. - mos. 9 ds.

CONTRIBUTORY (SECONDARY) 1000
(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? Physical signs

(Signed) H. C. Beren M. D.

11-19, 1929 (Address) 1811 Fed. Res. 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 Marys

11/22 1929

20. UNDERTAKER

ADDRESS

Laetitia

K, C, 5th

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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