

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

Do not use this space.

37305

**1. PLACE OF DEATH**

County Jackson

Registration District No. 309

Township Raw

Primary Registration District No. 300 2/3

City Kansas City

(No. 3533 Indiana)

File No. 4745

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anthony Rondelli

(a) Residence. No. 3533 Indiana Ward 16

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Mrs. Elvira Rondelli

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60. 11 7

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

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

10. NAME OF FATHER Emidia Rondelli

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

12. MAIDEN NAME OF MOTHER Mary Anna Spagnelli

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

14. INFORMANT Margaret Theodore (Address) 3533 Indiana

15. FILED 11/21, 19 29 M. M. Crowe REGISTRAR ans

**MEDICAL CERTIFICATE OF DEATH**

Thursday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1929, to Nov 21, 1929 that I last saw h. in alive on Nov 20, 1929, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

79 77  
Brain Cerebral Hemorrhage  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.  
CONTRIBUTORY Cerebral Arteriosclerosis (SECONDARY)  
(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Examination

"/ (Signed) Orme Telephone, M. D.

\*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 St Marys DATE OF BURIAL Nov 22 1929

20. UNDERTAKER Eyer Funeral Home 1800 Linwood ADDRESS \_\_\_\_\_

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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