

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

Do not use this space.

5171

1. PLACE OF DEATH

County Jackson
Township Kan
City K.C.

Registration District No. 399
Primary Registration District No. 1002
(No. 508 Asher)

File No. _____
Registered No. 820
St. _____ Ward _____

2. FULL NAME

Mary Rose Albi
(a) Residence. No. 508 Asher St., 9 Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22nd 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 - 11 29

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) Soyuzno Italy
(STATE OR COUNTRY)

10. NAME OF FATHER Jasquale Julia

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

12. MAIDEN NAME OF MOTHER Theresa Stigna

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

14. INFORMANT Frank Albi
(Address) 508 Asher

15. FILED 9/23 1930 M.M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-17 1930, to 2-21 1930, that I last saw her alive on 2-21 1930, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

John Pneumonia
100
96H (duration) yrs. mos. 7 ds.
CONTRIBUTORY Mitral Insufficiency
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 101 W
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carla Jackson, M. D.
223, 1930 (Address) Kansas City, 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 Mt St Marys DATE OF BURIAL 2/24 1930

20. UNDERTAKER Stuebner ADDRESS K.C.

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.

16 23

