

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

Do not use this space.

5257

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C.

Registration District No. 399
Primary Registration District No. 1002
(No. 2912 E 122)

File No. _____
Registered No. 915
St. _____ Ward _____

2. FULL NAME

Palma Randozzo
(a) Residence No. 2912 E 122 St. 1009 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

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 Walter Randozzo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 - 1 3

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) New Orleans
(STATE OR COUNTRY) La

10. NAME OF FATHER Mario Casalacqua

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

12. MAIDEN NAME OF MOTHER Lena Pavito

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

14. INFORMANT Walter Randozzo
(Address) 2912 E 122

15. FILED 2/27 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930 to Feb. 25, 1930
that I last saw deceased alive on Feb 25, 1930, and that death occurred, on the date stated above, at 1145 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 9 yrs. 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Stiniogl
(Signed) Permett G. Davis M. D.
Feb. 25, 1930 (Address) 3305 Woodland
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 W H Marys DATE OF BURIAL 2/28 1930

20. UNDERTAKER W H Marys ADDRESS K C

N. B.—Every item of information should be carefully supplied. A copy of this certificate is filed in the office of the Registrar. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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