

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

Do not use this space.

9036

1. PLACE OF DEATH

County Jackson Registration District No. 397
 Township New Primary Registration District No. 1002
 City R.C. (No. Research Hosp)

File No. 0
 Registered No. 1118
 St. _____ Ward _____

2. FULL NAME

Rosalie Oliva
 (a) Residence. No. 1820 Holly St. 3 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 Fl. 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 Bartholomeo Oliva

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 years 2 22

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). Salerno
 (STATE OR COUNTRY) Italy

10. NAME OF FATHER Simone Trinchina

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Husband (Address) Bartholomeo Oliva 1820 Holly St.

15. FILED 3/31/30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/28 1930 to 3-28-30 1930
 that I last saw h. alive on 3-28-30 1930, and that death occurred, on the date stated above, at 9:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis lower lobe rt. lung
Fatty degeneration of myocardium
 CONTRIBUTORY (SECONDARY) hernia (strangulated)
 (duration) yrs. mos. ds. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/25/30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) J. M. Montgomery M. D.

729 1830 (Address) 1160 Rialto
 *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 Mar 31 30

20. UNDERTAKER Peter B. Baggett ADDRESS R.C.

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

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.

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