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

Do not use this space.

14274

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3613

Township ..... Primary Registration District No. 4003 Registered No. 3613

City ..... (No. 5178A Cates St. ..... Ward).

2. FULL NAME Isabelle Dattilo

(a) Residence. No. 5178A Cates St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF August Dattilo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	11	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer At Home.

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

PARENTS

10. NAME OF FATHER Anthony Sansone

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

12. MAIDEN NAME OF MOTHER Labori Cammella

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

14. INFORMANT August Dattilo
(Address) 5178A Cates

15. FILED FEB 13 1930, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929 to April 8, 1930 that I last saw her alive on April 8, 1930, and that death occurred, on the date stated above, at 1:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis and Myocarditis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous Nephritis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Arthur H Jost, M. D.

4/9, 1930 (Address) 1901 Madison St.

*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
Calvary	April 11 1930
20. UNDERTAKER	ADDRESS
Bensieck-Nichols	1138 No 6th

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.

Dr. Just
19th of March