

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

Do not use this space.

19464

**1. PLACE OF DEATH**

County Jackson  
Township Kear  
City Kansas City (No. Robinson Sanitarium)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2459  
Registered No. 2459 (Ward)

**2. FULL NAME**

Vincenzo Colletti  
(a) Residence No. 1611 Montgall St., 11 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 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 Antonina Colletti

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 - 11 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Lab  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chiasso, Scalfame  
(STATE OR COUNTRY) Italy

10. NAME OF FATHER Emanuel Colletti

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

12. MAIDEN NAME OF MOTHER Carmella Rugglo

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

14. INFORMANT Widow Antonina Colletti  
(Address) 1611 Montgall

15. FILED 6/13, 1930 M.M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1930

17. I HEREBY CERTIFY, That I attended deceased from April 30 1930, to June 12 1930 that I last saw him alive on June 12 1930 and that death occurred, on the date stated above, at 1:30 am m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial infarction in ventricles of Cor.  
97 (duration) 22 hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) cerebral arterio-sclerosis (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH. DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS supraptuous  
(Signed) Swille P. Wilson M. D.

. 1930 (Address) 9100 2nd Road.

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

W.A. Mary's 6/14 30

20. UNDERTAKER ADDRESS K.C. Mo

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

23  
16

Handwritten notes in the center of the page, including the word "Handwritten" and some illegible scribbles.