

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

Do not use this space.

26742

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

399

Registration District No. 1002
Primary Registration District No. 1002
(No. St Lukes' Hospital)

File No. 0
Registered No. 3346
St. 3346 (Ward)

2. FULL NAME Margaret Virginia Biggio

(a) Residence No. 421 West 46th Terrace, 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>0</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Edward J Biggio

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

12. MAIDEN NAME OF MOTHER Pearl Inglés

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

14. INFORMANT Edward J Biggio
(Address) 421 West 46th Terrace

15. FILED 8/12/30 M M Crowe
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 6-13-30, 1930, to Aug 11, 1930 that I last saw her alive on Aug 11, 1930 and that death occurred, on the date stated above, at 5:15 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Shock following operation for uterine adenomyosis of right Tuba
(duration) 29 ds

CONTRIBUTORY (SECONDARY) Adenomyosis of Rt. Tuba
(duration) yrs. 1 mos. 29 ds.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH Kansas City Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/19/1930

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Maup W. Fleckner, M. D.

" 1930 (Address) Professional Bldg K.C. 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 Calvary Cemetery DATE OF BURIAL 8/12/30 19

20. UNDERTAKER Quirk & Tobin--20 W Linwood ADDRESS K.C. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

