

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

Do not use this space.

33134

1. PLACE OF DEATH

County Jackson Registration District No. 209
Township Kaw Primary Registration District No. 1002
City Kansas City (No. in tent about 200 ft. from 177th + Benton St. = 4307 Ward)

File No. _____
Registered No. 4307
St. = 4307 Ward)

2. FULL NAME Margaret Melollo

(a) Residence. No. Near 47 + Benton St., _____ 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>Italian</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 14, 1929</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>3</u>
		DAYS
		<u>12</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>lecher</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Hillsboro
(STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>Joe Melollo</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>California</u>
	12. MAIDEN NAME OF MOTHER <u>Mary George</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>

14. INFORMANT Joe Melollo - father
(Address) Near 47 + Benton, Kansas City, Mo.

15. FILED 10/28, 31 1930 M. M. Coover REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930, to _____, 19____, that I last saw her alive on Oct 26, 1930, and that death occurred, on the date stated above, at 2:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia + meningitis
Broncho-(Primary)
10/19 (duration) yrs. 6 mos. ds.
158
CONTRIBUTORY (SECONDARY) 10/19 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. E. Wilcox, M. D.
10/27/30 (Address) General Hospital

*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 Mt of Mary Cemetery DATE OF BURIAL 10-28 1930

20. UNDERTAKER John J. Sheehan 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.

