

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

Do not use this space.

36163

1. PLACE OF DEATH
 County Jackson Registration District No. 1000
 Township May Primary Registration District No. _____
 City Kansas (No. St. Mary Hospital) St. _____ Ward _____

2. FULL NAME Francesca Sgaragling
 (a) Residence. No. 537 Forest ave 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.

File No. 4569
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Tony Sgaraglino

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 6 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 _____

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

PARENTS

10. NAME OF FATHER Gaetano Tortosio
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Anna Digininni
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
 (STATE OR COUNTRY)

14. INFORMANT Tony Sgaraglino
 (Address) 537 Forest ave

15. FILED 11/10 30 W. M. Orrell REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1930, to Nov. 9, 1930
 that I last saw him alive on Nov. 8, 1930, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary and laryngeal tuberculosis
10.30
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Pregnancy
 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Tubercin, sputum study

(Signed) Louis Kovit M. D.
11/10 30 (Address) Med Arts Bldg

*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 not St Mary cemetery DATE OF BURIAL Nov. 12 1930

20. UNDERTAKER Pasartiano Bros ADDRESS 21179 ndep Ave

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

