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

Do not use this space.

36278

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5686

City Kansas City (No. Kansas City Gen. Hosp. St. ..... Ward)

2. FULL NAME Rosa Arnone

(a) Residence. No. 1115 Pacific St., ... 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)
F.	W.	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	23	

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) (STATE OR COUNTRY) Italy

PARENTS

10. NAME OF FATHER Jack Arnone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Giuseppa Passantino
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Record Clerk
(Address) K.C. Gen. Hosp.

15. FILED 11/19, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-16, 1930 to 11-17, 1930 that I last saw her alive on 11-17, 1930, and that death occurred, on the date stated above, at 6:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epidemic cerebrospinal meningitis

18 24 (duration) ..... yrs. ..... mos. ..... ds.

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

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find. & Lab. Find.

(Signed) P. E. Williams, M.D.

11-18, 1930 (Address) Supt. K.C. Gen. Hosp.

*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
St Mary Cemetery	Nov. 20 1930
20. UNDERTAKER	ADDRESS
Passantino Bros	K.C. Mo

N.B. Every item of information should be carefully supplied. AGE should be stated. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Chapel at Funeral Home
Funeral 9:AM
11-20-83