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

Do not use this space.

36286

1. PLACE OF DEATH
County Jackson — Registration/District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 48544
City Kansas City (No. 2621 E 6th St. Ward)

2. FULL NAME Lena Mae Lombardo
(a) Residence. No. 2621 E. 6th St., 9 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 Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7, 1928

7. AGE YEARS 2 — MONTHS 9 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

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) Kansas City
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Tony Lombardo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Marie Hobbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stronghurst
(STATE OR COUNTRY) Ill.

14. INFORMANT Father
(Address) 2621 E 6th St

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-11-30, 19.., to 11-18, 1930 that I last saw her alive on 11-18, 1930, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diptheria
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocardial failure
(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? Laboratory and clinical findings
(Signed) Richard [illegible] M.D.
11-19, 1930 (Address) 1316 Professional 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 Mt H Marys — DATE OF BURIAL 11/20 1930

20. UNDERTAKER Peter B Logeteen — ADDRESS KC Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.