

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

Do not use this space.

1215

**1. PLACE OF DEATH**

County Jackson  
Township North  
City Kansas City

Registration District No. ....  
Primary Registration District No. ....  
(No. St Marys Hospital)

File No. ....  
Registered No. 46  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 5200 Montgall St., 16 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>7</u>	<u>19</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Furniture Dealer at 84  
(b) General nature of industry, business, or establishment in which employed (or employer) Overnathup Furniture Co  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Italy  
(STATE OR COUNTRY) 16

PARENTS	10. NAME OF FATHER <u>Jimmy Ferondigi</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>31</u>

14. INFORMANT Mrs Rosa Ferondigi  
(Address) 5200 Montgall

15. Jan 5 1931 Th. M. Leroeur  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 4 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-15-30, 1930, to 1-4-31, 1931 that I last saw him alive on 1-4-31, 1931, and that death occurred, on the date stated above, at 10:58 P.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of the Bladder  
(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Metastatic Carcinoma of Lung  
(duration) 3 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy and Physical findings  
(Signed) W. H. B., M. D.

1-5 1931 (Address) Bell Memorial 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 <u>West Marys Cemetery</u>	DATE OF BURIAL <u>Jan 6 1931</u>
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20. UNDERTAKER <u>John J. Sheehan</u>	ADDRESS <u>K.C. Mo</u>
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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

