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.

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

Do not use this space.

5762

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 855
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 7030 E 7 st St. Ward)

2. FULL NAME Joe Caudello
(a) Residence. No. 7030 East 70th St 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: Male
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-18-1903

7. AGE: Years 37 — Months 11 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Section Hand 114
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) 18

PARENTS
10. NAME OF FATHER Matias Caudello
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mexico
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Marcana Maldonala
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mexico
(STATE OR COUNTRY)

14. INFORMANT Carmine Caudello
(Address) 7030 E. 70th St.

15. FILED Nov 2 1931 M. M. Crowell Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21, 1931 19

17. Deputy Coroner
I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
(duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) Coronary Sclerosis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) [signature], M. D.
2/21/31, 19 (Address) Deputy Coroner

*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 St. Mary — DATE OF BURIAL: 2/23 1931

20. UNDERTAKER: Ketterlin — ADDRESS: City