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.

21517

1. PLACE OF DEATH

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

Township KAW — Primary Registration District No. 1002 — Registered No. 2652

City KANSAS CITY (No. 344 GARFIELD St. Ward)

2. FULL NAME CATHERINE MARRONE

(a) Residence, No. 344 Garfield St., 3 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7, 1914

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
16	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory worker 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107
10. Date deceased last worked at this occupation (month and year) 107
11. Total time (years) spent in this occupation 111

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE, L A. 2

FATHER

13. NAME Joe Marrone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known ITALY

MOTHER

15. MAIDEN NAME Mary Picalai
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ITALY

17. INFORMANT (ADDRESS) JOE MARRONE 344 Garfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. St. Mary's DATE 6 18 1931

19. UNDERTAKER (ADDRESS) PETER B. LAPETINA K. C.

20. FILED 6/17 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to June 15, 1931

I last saw her alive on June 15, 1931. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia + Acute Pulmonary oedema 1070

Other contributory causes of importance:

Capillary Bronchitis

Date of onset

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Sheldon, M. D.

(Address) 604 Commerce Bldg, K. C. Mo.