

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

Do not use this space.

34529

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kennett City Mo. (No. 101 Jack 8022)

Registration District No. 399  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4248  
St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

Providence Bascone  
(a) Residence. No. 101 So Jackson St. 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>83</u>	<u>9</u>	<u>-</u>	<u>-</u>	

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

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

10. NAME OF FATHER Pietro Quam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Palermo  
(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Caterina Minardo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Palermo  
(STATE OR COUNTRY) Italy

14. INFORMANT Constance Mills  
(Address) 101 So Jackson

15. FILED 10/20 1931 M. M. Crowe REGISTRAR  
crs.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1931, to Oct 18 1931, that I last saw him alive on Oct 18 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Cerebral Hemorrhage  
83 yr  
Arteriosclerosis  
(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. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Louis Lawrence M. D.

, 19 (Address) 102 East 6th St. Springfield

\*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 Wk St Mays DATE OF BURIAL Oct 22 19 31

20. UNDERTAKER A Sebeto ADDRESS 901 E 5th St

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.

