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.

40849

1. PLACE OF DEATH
County Jackson — Registration District No. 31 — File No.
Township Kaw — Primary Registration District No. 1003 — Registered No. 2825
City K.C. Mo (No. 2906 Jarboe St. Ward)

2. FULL NAME Mrs Ninfa Alagna
(a) Residence, No. 2906 Jarboe 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 fe
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anthony Alagna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1878
7. AGE YEARS 53 MONTHS 6 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sicily Italy

FATHER
13. NAME Frank Gnolfo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) L. F. Alagna 2906 Jarboe
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 12-5-1931
19. UNDERTAKER (ADDRESS) Peter B. Lapetina K.C. Mo
20. FILED 12/4 1931 M. M. Crowe Assn Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1931
22. I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to Dec 1st, 1931
I last saw her alive on Dec. 1st, 1931. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
34	
32A 34	

Other contributory causes of importance: Syphilis

Name of operation None Date of
What test confirmed diagnosis? Cl. & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19 X
Where did injury occur? X X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X X
Manner of injury X X
Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) Nicolas Jaime, M. D.
(Address) 2035 Broadway