

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

Do not use this space.

40935

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3102 East 23rd St.)

Registration District No. 389
Primary Registration District No. 1002

File No. 4923
Registered No. 4923
Ward

2. FULL NAME Jerome Dano

(a) Residence, No. 3102 East 23rd St., 11 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 4-- 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

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) France

13. NAME Jerome Dano

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Annie Vermett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Miss Pearl Dano (ADDRESS) 3102 East 23rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE Dec 12 1931

19. UNDERTAKER Quirk & Tobin Co-- (ADDRESS) 20 West Linwood

20. FILED 17/11 1931 M. M. Cerome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1931, to Dec 10, 1931

I last saw him alive on Dec 9, 1931. Death is said to have occurred on the date stated above, at 5:30 A M

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

Lobar pneumonia
108 108

Other contributory causes of importance:

Infection

Name of operation no Date of

What test confirmed diagnosis? usual 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? no

If so, specify (Signed) John O. Skermer, M. D. (Address) 325-336 Rathrop Bldg

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.

