

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

Do not use this space.

41085

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Mau Primary Registration District No. 1002
City Kansas city (No. st Joseph Hospital) St. St. Ward 5073

File No. _____
Registered No. 5073
St. _____ Ward _____

2. FULL NAME

Calogera Infranca
(a) Residence. No. 508 charlotte St. _____ 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 m. 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~~) Luisa Infranca

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 53

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castell Vetrovano Italy

10. NAME OF FATHER John Infranca

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

12. MAIDEN NAME OF MOTHER Carmela Ranza

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

14. INFORMANT John Infranca (Address) 508 charlotte st

15. FILED 1/23 19 31 M. M. Crowe REGISTRAR User

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1931 to Dec 21 1931 that I last saw him alive on Dec 21 1931 and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic
(Myocardial degeneration
tuberculous previous infection)
9:30 (duration) 1 yrs. - mos. - ds.
9:30

CONTRIBUTORY (SECONDARY) accidental (duration) 1 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED at home IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Obvial
1722 (Signed) W. K. Kenevold M. D. (Address) 918 Arroyo Blvd

*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 Dec. 24 1931

20. UNDERTAKER A. Schlichte ADDRESS city

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.

WITH OPAFADING INK—THIS IS A PERMANENT RECORD

