

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

Do not use this space.

41145

File No. \_\_\_\_\_  
Registered No. **5134**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Jackson Registration District No. 5  
Township Ray Primary Registration District No. 12002  
City Kansas (No. 512 Park Ave)

**2. FULL NAME** Antonio Micheli

(a) Residence. No. 400 Park Ave St. 9 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 Male 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 Mary Micheli

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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**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) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

**PARENTS**  
10. NAME OF FATHER Aleo Micheli  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Angelina Leon  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy  
(STATE OR COUNTRY)

14. INFORMANT Mary Micheli  
(Address) 400 Park Ave.

15. FILED 12/28/31 M. M. Coravel REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 31

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Heart - Fibrillation  
173 / 173  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH 512 Park

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Harold C. ... M. D.  
12/28 . 1931 (Address) Kansas

\*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 Cemetery DATE OF BURIAL 12-30-1931

20. UNDERTAKER Passantino Bros ADDRESS K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

