

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

Do not use this space.

4738

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Haw Primary Registration District No. 1002
City Mansas (No. 4224 Montgall) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Domenica Criscione
(a) Residence No. 4224 Montgall St. 15 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) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 — —

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

9. BIRTHPLACE (CITY OR TOWN) Italy 16
(STATE OR COUNTRY)

10. NAME OF FATHER Geronnie De Franchi
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Donot know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT Sam Criscione
(Address) 4224 Montgall

15. FILED 2/15 1932 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13-1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1932, to Feb 13, 1932 that I last saw her alive on Feb 12, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Infectious
Toxemia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY Lobar Pneumonia
(SECONDARY) (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED Italy
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. Saladino, M. D.

2/14, 1932 (Address) 733 Bialts Bedg
State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. St. Mary Cemetery DATE OF BURIAL 2-15-1932

20. UNDERTAKER Passantino Bros ADDRESS 116 Mo

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.

