

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

Do not use this space.

4745

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. _____
 City Manassas (No. 707 Highland Ave) St. _____ Ward _____

2. FULL NAME

Francesco Spalitto
 (a) Residence No. 707 Highland Ave St. _____ 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. 3 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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1868
 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 (STATE OR COUNTRY) 15
PARENTS
 10. NAME OF FATHER Phillipo Barbato
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Francesco Barbato
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy (STATE OR COUNTRY)

14. INFORMANT Phillip Spalitto (Address) 707 Highland
 15. FILED 15 32 M. M. Lerner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 12 - 1932
 17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932 to Feb 12, 1932 that I last saw h.w. alive on Feb 15-30, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED 108 ①
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical signs
 (Signed) W. H. A. Collier, M. D.
1/13 1932 (Address) 737 Lathrop Bld.

*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 2-15-32
 20. UNDERTAKER Passantino Bros ADDRESS K. C. 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.

