WHITE PEARNEY, 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.

MAR 25 1932

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

Do not use this space.

85

7419

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 7

Township — Primary Registration District No. — Registered No. 215

City St. Joseph (No. Sunnyslope Hospital St. Ward)

2. FULL NAME Theresa Marion Ruggeri

(a) Residence, No. 910 Lafayette St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 26, 1922

7. AGE: YEARS 10 — MONTHS 1 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Imaculate Conception school

10. Date deceased last worked at this occupation (month and year) Feb. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri 1

FATHER

13. NAME Marion Ruggeri

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy 16

MOTHER

15. MAIDEN NAME Rose Punzo

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

17. INFORMANT Marion Ruggeri
(ADDRESS) 910 Lafayette st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St Joseph Mo. DATE March 7, 1932

19. UNDERTAKER H. O. Sidenfadden
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 3-5-, 1932 John R. Bender 3
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 4, 1932

I last saw her alive on March 4, 1932 Death is said to have occurred on the date stated above, at 2:45P m.

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

Meningitis (Non epidemic) 89A

Date of onset: Mar

Other contributory causes of importance: Acute otitis media

Name of operation none Date of

What test confirmed diagnosis? Laboratory 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) A J Smith MD, M. D.

(Address) P & S Bldg