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.

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

Do not use this space.

29196

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas (No. 331 Brooklyn St. Ward)

File No.
Registered No. 3368

2. FULL NAME Veta Congelose
(a) Residence, No. 331 Brooklyn 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 Female
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 Salvatore Congelose
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 41 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Giuseppe Cusumano
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 8

MOTHER
15. MAIDEN NAME Giovanni Tortorici
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Salvatore Congelose 331 Brooklyn
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Mary Cemetery DATE 9/6/ 1932
19. UNDERTAKER (ADDRESS) Passantino Bros. 2417 Independence Ave.
20. FILED Sept 5, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1932
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19
I last saw h alive on, 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Suicide fire arms — Date of onset
167 167 (7)
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? 9/8/32
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Date of injury 9, 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 Shot through head
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Stanley M. Hall, M. D.
(Address) Deputy Coroner