

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

Do not use this space.

39647

1. PLACE OF DEATH

County Jackson
Township Hann
City Hannover city (No. 2816 Spruce)

Registration District No. 899
Primary Registration District No. 8001

File No. _____
Registered No. 4853
St. 14 (Ward)

2. FULL NAME

(a) Residence. No. 2816 Spruce St. 14 Ward. (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 fin 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John B. Daprato

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. House wife (b) General nature of industry, business, or establishment in which employed (or employer). none (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Barga Provincina (STATE OR COUNTRY) Lucca Italy

10. NAME OF FATHER Celestina Gibroni

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barga (STATE OR COUNTRY) Lucca - Italy

12. MAIDEN NAME OF MOTHER Celesta Corriere

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barga (STATE OR COUNTRY) Lucca - Italy

14. INFORMANT Giovanni Daprato (Address) 2816 Spruce Ave

15. FILED 12/9/32 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932, to Dec 8, 1932, that I last saw her alive on Dec 7, 1932, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
(Cause unknown)
131 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 131 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) A. C. Wunneke M. D.
, 19 (Address) 2327 Proost Ave

*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 DATE OF BURIAL 1932

20. UNDERTAKER A. Seblita ADDRESS city

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.

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