

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

Do not use this space.

1409

1. PLACE OF DEATH

County Jackson
Township Raw
City K.C. Mo. No. 533 Cherry

Registration District No. 353
Primary Registration District No. 1002

File No. 189
Registered No. 189
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 533 Cherry St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day / 2 hrs. 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) K.C. Mo.

13. NAME Infant Calderone

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

15. MAIDEN NAME Mary Messina

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

17. INFORMANT Tony Calderone
(ADDRESS) 533 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 1/11 1933

19. UNDERTAKER Arthur
(ADDRESS) _____

20. FILED Jan 10 1933 M. M. Crowe
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1933

22. HEREBY CERTIFY, That I attended deceased from Jan 9 1933 to Jan 10 1933
(I last saw him alive on 1-9 1933 Death is said to have occurred on the date stated above, at am.

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

Perinatal
infant 7 months
Other contributory causes of importance:
159 159

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1933

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?
If so, specify Perinatal
(Signed) Richard H. Howard M. D.
(Address) 1316 Prof. Redg

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.

