

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

Do not use this space.

16519

1. PLACE OF DEATH

County Jackson Registration District No. P. 95
 Township Haw Primary Registration District No. _____
 City Kansas City (No. 535 Forest Ave) St. 2007 Ward _____

2. FULL NAME

Matteo Pistone
 (a) Residence, No. 535 Forest Ave 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 m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rosina Pistone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1883

7. AGE YEARS 50 MONTHS 0 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Voglia Pro di Potenza (STATE OR COUNTRY) Italy

13. NAME Rosco Pistone

14. BIRTHPLACE (CITY OR TOWN) Voglia Pro di Potenza (STATE OR COUNTRY) Italy

15. MAIDEN NAME Leresa Tito

16. BIRTHPLACE (CITY OR TOWN) Voglia Pro di Potenza (STATE OR COUNTRY) Italy

17. INFORMANT Rosina Pistone (ADDRESS) 535 Forest Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE mt st mary DATE May 10 1933

19. UNDERTAKER a. rebbita (ADDRESS) 205 East 5th st

20. FILED 5-9 1933 m. m. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7 1933, to May 7 1933
 I last saw him alive on May 7 1933 Death is said to have occurred on the date stated above, at 6:20 m.

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

Myocardial (Chronic Valvular Disease)
 Other contributory causes of importance: Nephritis, Acute

Name of operation none Date of _____
 What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify A. P. Lawrence M. D.
 (Signed) A. P. Lawrence
 (Address) 1424 1/2 West 12th

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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Lawrence, F. O.