

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

Do not use this space.

**22397**

**1. PLACE OF DEATH**

County.....Buchanan..... Registration District No. 85  
Township..... Primary Registration District No. 1001  
City.....St. Joseph..... (No. Apt. 101 Charlston Apts.)

File No. ....  
Registered No. 733 St. .... Ward)

**2. FULL NAME** Mary Piro

(a) Residence, No. Charlston Apts. 101 St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Piro

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 8, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>7</u>	<u>14</u>	

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

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) Unknown (STATE OR COUNTRY) Italy

13. NAME Salvator Atcileo

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

15. MAIDEN NAME Marie Mestrello

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

17. INFORMANT John Piro (ADDRESS) Charlston Apts. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL St Olivet Cemetery PLACE St. Joseph Mo. DATE July 25, 1933

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

20. FILED 7-24-1933 John H. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933

22. I HEREBY CERTIFY, that I attended deceased from July 8 to July 22, 1933

I last saw GR alive on July 8, 1933 Death is said

to have occurred on the date stated above, at 4:15 P.m.

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

General carcinoma of Date of onset

the abdomen

Cancer of uterus primary seat

Other contributory causes of importance:

Cancer of womb

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) John E. Byrne, M. D.

(Address) St. Joseph Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AGE 36 1933

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