

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

Do not use this space.

36751

1. PLACE OF DEATH

County Jackson Registration District No. 385
 Township Law Primary Registration District No. 1002
 City Kennett (No. Follow Government Highway 26 1/2 Fourt ave Ward)

File No. _____
 Registered No. 4674

2. FULL NAME

Carstina Maria Ingrassia
 (a) Residence, No. 236 Euclid Ave St. _____ 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 Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 1923

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
 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) Kennett City Mo

13. NAME Frank Ingrassia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

15. MAIDEN NAME Mary Cuthitta

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett City Mo

17. INFORMANT Nick Cuthitta (ADDRESS) 236 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Mary DATE Nov 28 33

19. UNDERTAKER Parasinos Bros (ADDRESS) 236 Euclid

20. FILED Nov. 28 1933 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw ~~her~~ alive on 11/26, 1933 Death is said to have occurred on the date stated above, at 1:50 P.M.

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

Inter cranial hemorrhage
rupture of blood vessel
rupture of blood vessel
 Other contributory causes of importance:
Compression of fetal skull

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 _____, 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? _____

If so, specify _____ (Signed) _____, M. D.

(Address) 500 Market

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

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.

JAN 3 1934

