JAN 26 1934

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

Do not use this space. 39982

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kaw — Primary Registration District No. — Registered No. 4778
City Kansas City (No. 916 Holmes St. Ward)

2. FULL NAME Giovanni Calderoni
(a) Residence, No. 916 Holmes 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Theresa Calderoni

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1856

7. AGE: YEARS 77 — MONTHS 5 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Street Dept.
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) Italy 16

FATHER
13. NAME Francesco Calderoni
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

MOTHER
15. MAIDEN NAME Mariana Nolli
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

17. INFORMANT Paul Angelone
(ADDRESS) 900 East 5 St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary's Cem DATE 12/8 1933

19. UNDERTAKER A Sebbeto
(ADDRESS) 901 East 5 St

20. FILED 12-6 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to Dec 4, 1933
I last saw him alive on Dec 3, 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:

	Date of onset
Chr. Myocarditis	
131	
93C	

Other contributory causes of importance:
Chr. Nephritis

Name of operation none Date of —
What test confirmed diagnosis? Clin + Lab 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 none
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) Ott F. Reisman M.D.
(Address) 1111 Grand Ave KC 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.