MAY 25 1934

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

Do not use this space.

File No. 12989

Registered No. 1740

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township LAW Primary Registration District No.
City KANSAS CITY (No. 4030 - INDIANA AVE. St. Ward)

2. FULL NAME MRS. CALOGERA PISCIOTTA
(a) Residence, No. 4030 INDIANA AVE. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 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: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF ROSARIO PISCIOTTA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 13 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
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) SALAPARUTA (STATE OR COUNTRY) ITALY

FATHER
13. NAME PHILIP PARAPANI
14. BIRTHPLACE (CITY OR TOWN) SALAPARUTA (STATE OR COUNTRY) ITALY

MOTHER
15. MAIDEN NAME MARY DARGO
16. BIRTHPLACE (CITY OR TOWN) SALAPARUTA (STATE OR COUNTRY) ITALY

17. INFORMANT MRS. FRANK PISCIOTTA (ADDRESS) R.R. #3 KANSAS CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE APRIL 19 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED Apr. 18 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 17 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15 1934, to April 17 1934
I last saw her alive on April 17 1934. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/15/34
899	

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis Clinical 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) Joseph E. Welker, M. D.
(Address) 836 Professional Bldg. Kansas City, 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

100M-11-24-33

Dr. Joseph C. [illegible]
836 Professional Bldg.
1:30 - 5 - Wed