

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

Do not use this space.

JUN 24 1935

16383

1. PLACE OF DEATH

County Jackson Registration District No. 299
 Township Kaw Primary Registration District No. 002
 City Kansas City (No. 3705 Garfield) St. Ward

File No.
 Registered No.
 St. Ward

2. FULL NAME Minnie Lanio

(a) Residence, No. 3705 Garfield St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Louis Lanio
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 10 25

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 35, 19
 22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to May 2, 1935
 I last saw her alive on May 1, 1935 Death is said to have occurred on the date stated above, at 3:30 P.

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

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
82 at
 Other contributory causes of importance: Cerebral Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.
 13. NAME John Moss
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Selma Loesch
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT Louis Lanio (ADDRESS) 3705 Garfield
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Condate May 4 1935

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

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) J. W. C. [Signature] M. D.
 (Address)

20. FILED 5-3 1935 M. M. Crowe Registrar.

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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Albritton