NOV 21 1935

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

Do not use this space.

32636

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City Mo. (No. Outtenden Home St. Ward)

File No.

Registered No. [illegible]

2. FULL NAME Charlotte Lee Risconi

(a) Residence, No. 3001 Woodland St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 21-1935

7. AGE — YEARS: — MONTHS: 3 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): None

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas city Mo

FATHER

13. NAME: Alfred Deaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minneapolis Minn

MOTHER

15. MAIDEN NAME: Lillie Rusconi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas city Mo

17. INFORMANT (ADDRESS): Miss Dana Vent 3001 Woodland Ti 0453

18. BURIAL, CREMATION, OR REMOVAL
PLACE Not Hope K. & Kas DATE Oct 4 1935

19. UNDERTAKER (ADDRESS): J. W. Wagner 204 W. Linwood

20. FILED 10/4 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1935, to Oct 3, 1935

I last saw her alive on Oct 3, 1935. Death is said to have occurred on the date stated above, at ....m.

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

gastro-enteritis — Date of onset: Oct 2-1935

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical observation 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? .....

If so, specify .....

(Signed) Charles J Eldridge, M. D.

(Address) 6247 Brookside Blvd.

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.

Dr. Chas Elridge
6247 Brookside
Gi 4770