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.

NOV 21 1935

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

Do not use this space.

32683

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township ~~Kansas~~ — Primary Registration District No. — Registered No. [illegible]
City Kansas (No. St Mary Hospital St. Ward)

2. FULL NAME Grace Vento
(a) Residence, No. 120 Park St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: White
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) Aug 17 1913

7. AGE — YEARS: 22 — MONTHS: 1 — DAYS: 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Home
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) Kansas City Mo

FATHER
13. NAME Gussippa Vento
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Maria Palmenteri
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Charlie Vento 120 Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St Mary DATE Oct 10-35 19

19. UNDERTAKER (ADDRESS) Passantino Bros K. C. Mo

20. FILED 10/9 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1935, to Oct. 7, 1935
I last saw her alive on Oct. 7, 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:

Lobar Pneumonia — Date of onset 10-23

Other contributory causes of importance:

108

Name of operation None Date of
What test confirmed diagnosis? 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) [signature], M. D.
(Address) 1420 Professional Bldg.

100M-11-24-33

14th Floor.