DEC 26 1935

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

Do not use this space

36075

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1299

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas (No. , 1004 Askew St. Ward)

2. FULL NAME Rosa Palmuto

(a) Residence, No. 1004 Askew 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 Fe.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Batista Palmuto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878

7. AGE 57 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Italy

FATHER

13. NAME Nicola Cuttitta

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Mary Mazzause

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Mrs Rosario Passantino 2117 Indep. Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. St. Mary's Cem. DATE 19

19. UNDERTAKER (ADDRESS) Passantino Bros Funeral Home 2117 Indep. Ave. K.C. Mo

20. FILED Nov 12 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1935, to Nov 9th, 1935

I last saw her alive on Nov 9th, 1935 Death is said to have occurred on the date stated above, at 1 A.m. Nov 10th

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

Coronary occlusion — Date of onset: sudden Nov 10 - 1 A.M.

94 b

Other contributory causes of importance: Auricular fibrillation — Oct 28th

Name of operation None 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) Anthony Saladino, M. D.

(Address) 733 Rialto Bldg.

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