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.

JAN 28 1936

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

Do not use this space.

39861

File No. 5008

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas (No. 2415 Brooklyn St. Ward)
Registration District No. 3
Primary Registration District No. 1

2. FULL NAME Joseph Fiorella sr.
(a) Residence, No. 2415 Brooklyn St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 Male
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 Mary Fiorella

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1870

7. AGE YEARS 65 MONTHS 9 DAYS 11 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. Store Keeper
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 Joseph Fiorella
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Calaglia Tramondina
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) James James 2008 E 7 St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary DATE Jan 3 1936

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

20. FILED Dec 31 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1930, to Dec 31 1935
I last saw him alive on 12-31- 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 12-31-35

93C

Other contributory causes of importance: Myocarditis - with fatty degeneration - and hypertension — Seen years seen July 15 1935

Name of operation — 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? no 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 no
(Signed) N. C. Speer, M. D.
(Address) 3204 Coleman Rd
K. C. Mo.