

APR 23 1936

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

Do not use this space.

10519

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas city (No.)

Registration District No. 399
Primary Registration District No. 1002
St. St Joseph Hospital (No.)

File No. 1174
Registered No. 1174
St. Ward

2. FULL NAME Carmine Gilio

(a) Residence, No. 1327 Park St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Gilio</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 1874</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>X 6</u>
		DAYS
		<u>17</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Water Dept.</u>	
	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) <u>Italy</u>		

FATHER	13. NAME <u>Faustino Gilio</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
MOTHER	15. MAIDEN NAME <u>Anna Antonia Cono</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
17. INFORMANT <u>Anna Gilio</u> (ADDRESS) <u>1327 Park</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary's</u> DATE <u>March 5 1936</u>	
19. UNDERTAKER <u>A. Sebbeto</u> (ADDRESS) <u>901 East 5 th St.</u>	
20. FILED <u>March 5 3 30 p. m. Brown</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 - 1936

22. HEREBY CERTIFY, That I attended deceased from March 1st 1936 to March 2nd 1936
I last saw her alive on March 2nd 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Bronchopneumonia
(Bilateral)
10 yrs
Other contributory causes of importance:
Louis Myocarditis

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

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) D. M. Myers M. P.
(Address) Argyle 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.

