MAY 21 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No. 15597
Township ~~Kans~~ Washington — Primary Registration District No. 5558 — Registered No. 37
City Kansas City (No. , 8404 Woodland St. Ward)

2. FULL NAME Frank Maddi
(a) Residence, No. 8404 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 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 — Anna Maddi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1854

7. AGE — YEARS: 82 — MONTHS: — — DAYS: 25 — 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. Real State
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 Henry Maddi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Vincenza Mustella
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Henry Maddi 8320 Woodland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St Mary DATE 4-13-36, 19

19. UNDERTAKER (ADDRESS) Passantino Bros

20. FILED April 11, 1936 Fred R Lindsey Sub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1935, to 4-9-, 1936
I last saw him alive on April 9, 1936. 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:

	Date of onset
Organic Heart Disease (1) Mitral Insufficiency (2) General Myocarditis with Hypertrophy	3
Other contributory causes of importance: Nephritis (Chronic) under Clitical	

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? 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 None
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) 311 Argyle Bldg
[illegible]

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.