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.

JUL 24 1936

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

Do not use this space.

22946

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2878

Township Kaw — Primary Registration District No. 1002 — Registered No. 2878

City Kansas (No. , St Marys Hospital St. Ward)

2. FULL NAME Josephine Pisano

(a) Residence, No. 1702 Montgall 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Pisano

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23-1883-

7. AGE: YEARS 52 — MONTHS 7 — 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. 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 Digirolama Calciorone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Giuseppe Farace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Josephine Manichia 1702 Montgall

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Marys DATE June 16 1936

19. UNDERTAKER (ADDRESS) A. Sebbeto 901 East 5th st.

20. FILED 6/15 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4 1936, to June 13th 1936
I last saw her alive on June 13th 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:

Acute cystitis & pyelonephritis — Date of onset

Other contributory causes of importance:
Pro-sepsis of pyelonephritis acute.

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? No
If so, specify .....
(Signed) Max Goldman, M. D.
(Address) Prof. Bldg.