DEC 20 1936

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

Do not use this space.

41343

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas (No. , 329 Brooklyn St. Ward)

2. FULL NAME Mary Cariddi

(a) Residence, No. 329 Brooklyn 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1888

7. AGE: Years 48 — Months — Days 12 — 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. House Wife
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 Simone Calamia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Lena Taranova
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Jimmy Cariddi 329 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Marys DATE Nov 19, 1936

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

20. FILED Nov 18, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936, to Nov 14, 1936

I last saw her alive on November 14, 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:

Labor pneumonia (bilateral) — Date of onset

Other contributory causes of importance:
Anuria.

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) Max Goldman, M. D.
(Address) 1618 Prof. Bldg.

...—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.