JAN 19 1937

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

Do not use this space.

1286

1. PLACE OF DEATH
48 County Jackson — Registration District No. 399 — File No.
10 Township Kaw — Primary Registration District No. 1002 — Registered No.
9 City Kansas City (No. St Lukes Hosp St. 22 Ward)

2. FULL NAME Orfeo Parizzi
(a) Residence, No. 5511 S East 3 Ave 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1885

7. AGE: YEARS 51 — MONTHS 2 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonemason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stephens Stone Co
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) Boretto, Italy
13. NAME Luigi Parizzi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
15. MAIDEN NAME Aldegonda Bigliardi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
17. INFORMANT (ADDRESS) Mrs Gina Vidoni 918 Cherry
18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Jan 8th 1937
19. UNDERTAKER (ADDRESS) Quick & Labin Co Linwood & Main
20. FILED 1-6 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd 1937

22. I HEREBY CERTIFY That I attended deceased from Deputy Crowe, 19..., to ....., 19...
I last saw h..... alive on 10, 19..... Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:
Fracture of the skull — Date of onset
Other contributory causes of importance: W 1860
Name of operation Autopsy Date of ....
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/3/37
Where did injury occur? 11th & 12th St Elev (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Fell sinking Bird
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) [signature] 4, M. D.
(Address) [signature]

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 77

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of February, 1948 before me appears Gina Vidoni who, upon her oath, states that the original record of ~~birth~~ death for Orfeo Panizzi died ~~born~~ Jan. 3, 1937, in the State of Missouri, and which was filed at Kansas City on 1-6, 1937, should be corrected as follows:

Item No. 15 should read Aldegonda Bigliardi
Instead of 17 Aldegarda Bigliardi

Item No. ~~16~~ should read Gina Vidoni
Instead of Gera Vidoni

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gina Vidoni daughter
Relationship

5515 E. 30th St.
Present Address.

Subscribed and sworn to before me this 19 day of February, 1948

My Commission expires Oct 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

5-1286