

FEB 17 1937

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

Do not use this space.

1793

1. PLACE OF DEATH

County Jackson Registration District No. 404 File No. _____
Township Washington Primary Registration District No. 5558 Registered No. _____
City Kansas City, MO. (No. 8404 Woodland) St. _____ Ward _____

2. FULL NAME

Anina 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1897

7. AGE YEARS 37 MONTHS 2 DAYS 1 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

13. NAME Frank Penachari

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Julia Masscorella

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Henry Maddi 8404 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE At St Mary Cemetery DATE Jan. 21 - 37

19. UNDERTAKER (ADDRESS) Passantino Bros

20. FILED Jan - 20, 1937 Fred R. Lindsey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1936 to Jan 18, 1937
I last saw him alive on Jan 18, 1937 Death is said to have occurred on the date stated above, at 12 midnigh
The principal cause of death and related causes of importance were as follows:

Organic Heart Disease
Arterio. Sclerosis
with regurgitation
Myocardial degeneration
Other contributory causes of importance:
History of Rheumatism for 10 yrs
None other

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) was also the following: Accident, suicide, or homicide? not 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) J. Monahan M. D.
(Address) 211 Argyle Bldg
St. Louis

N. B.—Every item of information should be carefully supplied. AGE shown or stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Argyle, Ark.
A. E. P. Monahan