

APR 8 1937

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. 399 File No. 9427
Township Kaw Primary Registration District No. 1007 Registered No. 1143
City Kansas City (No. St. Marys Hospital) St. _____ Ward _____

2. FULL NAME Rosa Sparacino

(a) Residence, No. 625 Forest 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED --HUSBAND OF (OR) WIFE OF <u>Giuseppe Sparacino</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>57</u>	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		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

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	13. NAME <u>Stefano Enna</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	15. MAIDEN NAME <u>Francesca Crifaso</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	17. INFORMANT <u>Giuseppe Sparacino</u> (ADDRESS) <u>625 Forest</u>
18. BURIAL, CREMATION, OR REMOVAL PLACED <u>at St Marys</u> DATE <u>3/6</u> 19 <u>37</u>	
19. UNDERTAKER <u>A. Sebbeto</u> (ADDRESS) <u>901 E 5 th St</u>	
20. FILED <u>Mar 5 37 m m</u> <u>Registrar.</u>	

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37 1937 to 3/3/37 1937.
I last saw h. alive on 3/3/37 1937. Death is said to have occurred on the date stated above, at 6:57 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
influenzal
11A
Date of onset _____

Other contributory causes of importance:
none

Name of operation none
What test confirmed diagnosis? none 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 none 1937
Where did injury occur? none
(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) A. P. Lauenmann M. D.
(Address) 1424 Prof Bldg

WHITE PRINT 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.

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