

APR 8 1937

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

Do not use this space.

9701

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City

Registration District No. 399
Primary Registration District No. 1602
(No. 573 Holmes)

File No. _____
Registered No. 3480
St. _____ Ward _____

2. FULL NAME Caterina Russo

(a) Residence, No. 567 Campbell 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22, 19375A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Joe Russo22. I HEREBY CERTIFY, That I attended deceased from 3/20/37, 1937 to 3/22, 1937I last saw her alive on 3/22, 1937 Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 - 1872

to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 3 22

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy13. NAME Nicola Libarosa14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Martha Cassicosa16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT Tony Russo (ADDRESS) 558 Campbell18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 3/24, 193719. UNDERTAKER C. Seblak (ADDRESS) 901 East 5th20. FILED Mar 23 37 M. M. Brown Registrar.

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 _____, 1937

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) J. M. M. M., M. D.(Address) 572 Duquette Bldg.

Every item of information should be carefully supplied. A CE should be stated EXACTLY. FINGERPRINTS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

