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.

MAY 15 1937

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

Do not use this space.

15524

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 25

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas city (No. St. Mary Hospital St. Ward)

2. FULL NAME Infant Lombardo

(a) Residence, No. 406 Holmes 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: fine
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) feb. 25 1937

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas city missouri

FATHER

13. NAME Nick Lombardo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) italy

MOTHER

15. MAIDEN NAME Sarafina Solizzo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) italy

17. INFORMANT (ADDRESS) Nick Lombardo 406 Holmes ss.

18. BURIAL, CREMATION, OR REMOVAL
PLACE mt. st mary DATE feb. 26 1937

19. UNDERTAKER (ADDRESS) A. Rebbeta 901 East 5th st.

20. FILED 3-13 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) feb. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... 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:

Stillbirth

Date of onset

Other contributory causes of importance:

Spina bifida

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) R. G. Hehman M. D.

(Address) 1420 Prof Bldg