

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

Do not use this space.

JUN 12 1937

19211

1. PLACE OF DEATH
 County Jackson Registration District No. 397
 Township Kaw Primary Registration District No. 1002
 City Kansas City Mo. (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2155

2. FULL NAME ROSE CONSTANTINA
 (a) Residence, No. _____ 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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

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

22. I HEREBY CERTIFY, That I attended deceased from April 16 1937 to May 27 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11, 1911

I last saw her alive on May 27 1937 Death is said to have occurred on the date stated above, at 1:40 p.m.

7. AGE YEARS 25- MONTHS 5 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician
 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) Kansas

T. B. permatite Date of onset _____

FATHER 13. NAME Frank Costantino

Calitis

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

Name of operation _____ Date of _____

MOTHER 15. MAIDEN NAME Mary Nazzia

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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.

17. INFORMANT Mrs Frank Costino
 (ADDRESS) Pittsburg, Kansas

Manner of injury _____
 Nature of injury _____

18. PLACE OF DEATH OR REMOVAL Pittsburg, KS. DATE 5/27/37

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER Mellody-McGilley Funeral Home
 (ADDRESS) K. C. Mo.

(Signed) Dr. J. H. Brown, M. D.
 (Address) 512 1/2 E. 12th St. Pittsburg

20. FILED May 28 1937 M. M. Brown
 Registrar.

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.

See affidavit in misc file 10# 27