SEP 21 1937

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

Do not use this space.

29933

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas (No. 332 Ord St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 29933
Registered No. 6[illegible]2557

2. FULL NAME Sam Calamia
(a) Residence, No. 332 Ord 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Nicalina Calamia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 1876

7. AGE: 61 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME Nunzio Calamia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Maria Bonena
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) James Caviddi 329 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary DATE Sept 1-37, 19

19. UNDERTAKER (ADDRESS) Passantino Bros K C Mo

20. FILED Aug 30, 1937 M. M. Crosser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-25-37, 19, to 8-29-37, 19
I last saw him alive on 8-29-37, 19 Death is said to have occurred on the date stated above, at 7 00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
820	

Other contributory causes of importance:
Arterio sclerosis

Name of operation None 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? no
If so, specify
(Signed) D. M. Nigro, M. D.
(Address) 512 Argyle Bldg.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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