

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

Do not use this space.

OCT 19 1937

33398

1. PLACE OF DEATH

County Jackson
Township Man
City Kansas

Registration District No. 399
Primary Registration District No. 1002
(No. 539 Myrtle)

File No. 33398
Registered No. 33398
St. _____ Ward _____

2. FULL NAME

Frances Bilello

(a) Residence, No. 539 Myrtle St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Italian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Bilello
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1866
7. AGE YEARS 71 MONTHS 4 DAYS 13
IF LESS than 1 day, _____ hrs. or _____ min.
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. House wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-23-37
22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1937 to Sept 23 1937
I last saw her alive on Sept 22, 1937 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:
Coronary occlusion Date of onset Sept 23-37
94B

Other contributory causes of importance:
Auricular fibrillation Date of onset 7-2-37
Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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 Anthony Paladino M. D.
(Signed) _____
(Address) 721 Duval St

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
13. NAME Pete Vento
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
15. MAIDEN NAME Donatinnou
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
17. INFORMANT Anthony Bilello
(ADDRESS) 539 Myrtle St
18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary DATE Sept 25-37
19. UNDERTAKER Pasantino Bros
(ADDRESS) V C mo
20. FILED 9/24 37 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.

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10-1-72