

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH

County Jackson
Township Ryan
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. North East Hospital)

File No. 44133
Registered No. 5036
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. West Mineral 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium 4

13. NAME Prosper O'Tello 4

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

15. MAIDEN NAME Delphine Berger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium 4

17. INFORMANT Naylor Funeral Home
(ADDRESS) Seaman, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE West Mineral DATE 12-14-37

19. UNDERTAKER Carroll - Davidson
(ADDRESS) 3024 Tenth

20. FILED Dec 14 1937 Registrar M. Crowe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1937, to Dec 13, 1937

I last saw him alive on Dec 12th, 1937 Death is said to have occurred on the date stated above, at 2:15 A.M.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Carcinoma Liver

Name of operation _____ 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 no

(Signed) Dr. John Hill M. D.
(Address) 3034 Harrison

Frankly 830-6-31st

K.C. 870

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.

