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.

F X9314

JAN 17 1938

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

Do not use this space.

44257

File No. 5160

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas (No. 324 Brooklyn St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Maria Consolo
(a) Residence, No. 324 Brooklyn 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 Female
4. COLOR OR RACE Italain
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) April 3-1858
7. AGE YEARS 79 MONTHS 8 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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 16

FATHER
13. NAME Antonio Tomaso
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

MOTHER
15. MAIDEN NAME Rosalio Ventimiglia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

17. INFORMANT (ADDRESS) Frank Jeoia 324 Brooklyn St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St Mary DATE Dec. 24-37 19

19. UNDERTAKER (ADDRESS) Passantino Bros KCMo

20. FILED Dec 22, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937, to Dec 22, 1937
I last saw her alive on Dec 20, 1937 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	1936

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Other contributory causes of importance:
Senility

Name of operation Gall Bladder drain Date of 11/27/37
What test confirmed diagnosis? Physical Sign 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? no
If so, specify
(Signed) W L Hodgkin, M. D.
(Address) 710 Shukert Bld KCMo

Dr W. L. H[illegible]
Shurkert Bldge
Ha8128
2 to 6