

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

Do not use this space.

File No. **1666**
Registered No. **354**
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 397
Township New Primary Registration District No. 1002
City Kansas (No. 647 Brooklyn)

2. FULL NAME

Josephine Vedemiglia 352
(a) Residence No. 647 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 Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard Vedemiglia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
49 - -

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. House wife
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

MOTHER FATHER
13. NAME Giuseppe Mesadino

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

MOTHER
15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Joseph Flever 1511 Brooklyn St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Mary DATE Jan 24 38

19. UNDERTAKER (ADDRESS) Pasquino Bros

20. FILED Jan 23 1938 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1938
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on Dec 30, 19____. 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:
Chronic hypertension
myocarditis 92c
Date of onset _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there any _____?

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 related in any way related to occupation of deceased?
If so, specify _____
(Signed) [Signature] _____, M. D.
(Address) _____

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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FEB 18 1937

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MO. STATE BOARD OF HEALTH