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.

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

Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 915 E. Mo. Ave. St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 9632
Registered No. 1097

2. FULL NAME John Nigro 260
(a) Residence, No. 915 E. Mo. Ave. 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: Amelia Nigro

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2nd 1873

7. AGE: 64 Years; MONTHS: 4 Mo; DAYS: 7 Da; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 4

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

FATHER
13. NAME: Marion Nigro
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: Louise Nigro
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT: (Wife) Amelia Nigro
(ADDRESS) 915 E. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 3/12 '38, 19

19. UNDERTAKER: Peter B. Lapetina
(ADDRESS)

20. FILED Mch 10, 1938 K. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-27-, 1937, to 3-9, 1938
I last saw him alive on 3-8, 1938. Death is said to have occurred on the date stated above, at 3-9-38 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	about 12-27-37

Other contributory causes of importance:
Cerebral Embolism

Name of operation: none Date of
What test confirmed diagnosis: Clinical Test 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
(Signed) D. M. Nigro, M. D.
(Address) 525 Argyle Bldg.