

MAY 27 1927

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

Do not use this space.

12033

1. PLACE OF DEATH

County Jackson Registration District No. 404 File No. _____
Township Low Washington Primary Registration District No. 8320 Registered No. 72
City Woodland (No. 8320) St. _____ Ward _____

2. FULL NAME

Santo Scarcello
(a) Residence No. 8320 Woodland St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? 30 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Raphel Scarcello

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 | 5 | 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fruit dealer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy10. NAME OF FATHER John Scarcello

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy12. MAIDEN NAME OF MOTHER Aurice Coira

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

14.

INFORMANT Raphel Scarcello
(Address) 8320 Woodland

15.

FILED 4/13/1927 Dr. Osseman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-8-1927

17.

I HEREBY CERTIFY That I attended deceased from Mar. 15, 1927, to April-8-1927 that I last saw him alive on April-7-1927, and that death occurred, on the date stated above, at 4:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, bronchial
15 | 21 | 10
10 | 11 | 10
(duration) yrs. mos. da. 5

CONTRIBUTORY (SECONDARY) Erysipelas(duration) yrs. mos. da. 3 weeks

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Rex Williams, M.D.
, 19 (Address) 203 1/2 1st St. W. W. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Mary's St. Mary's April-11-1927

20. UNDERTAKER

J. T. Lewis 3400 Woodland

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.

