

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

Do not use this space.

18383

1. PLACE OF DEATH

County Jackson
Township Haw
City Hannover city (No. 404 prospect)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2486
St. _____ Ward _____

2. FULL NAME

Diaggio Capuzzelli
(a) Residence, No. 404 prospect St. 97 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. da. How long in U.S., if of foreign birth? 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) Giorgina Capuzzelli

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labrar 52
(b) General nature of industry, business, or establishment in which employed (or employer) non
(c) Name of employer non

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Brayusa Br
Soraguro Italy

10. NAME OF FATHER Giuseppe Capuzzelli

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Italy

12. MAIDEN NAME OF MOTHER Rosalia Cilia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Italy

14. INFORMANT (Address) Giorgina Capuzzelli
404 prospect

15. FILED 6/30 19 27 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1927
17. I HEREBY CERTIFY, That I attended deceased from May 2, 1926, to June 19, 1927, that I last saw him alive on June 19, 1927, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epitheloma first of Ear
then extending to Glands of
neck.

CONTRIBUTORY (SECONDARY) non
(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRASTED
48
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? non
(Signed) E. O. Smith, M. D.
6/30, 1927 (Address) 314 Nabash ave

*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 mt. St. Marys DATE OF BURIAL Jun 21 1927

20. UNDERTAKER A. Sebeto ADDRESS City

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.

714 Wabasha

Wm. O. Smith