

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

Do not use this space.

28098

1. PLACE OF DEATH

County Randolph
Township Inokub, Mo
City Inokub, Mo (No.)

Registration District No. 735
Primary Registration District No. 3034

File No.
Registered No. 174 (St. Ward)

2. FULL NAME

Norma G. Brigioni

(a) Residence. No. 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 21 - 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	3	6	1	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bevier
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Brigioni

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

12. MAIDEN NAME OF MOTHER Francis Pauline

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

14. INFORMANT John Brigioni
(Address) Bevier Mo.

15. FILED 9-22-27 Thas S Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1927, to Sept 22, 1927, that I last saw h.r.t. alive on Sept 22, 1927, and that death occurred, on the date stated above, at 8:23 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute diffuse peritonitis secondary to acute perforative appendicitis

CONTRIBUTORY (SECONDARY) 11700 (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Bevier, Mo

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept. 21, 1927
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. D. Steeler, M. D.
9/22, 1927 (Address) Moberly, 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 St. Charles Cemetery, Bevier DATE OF BURIAL 9/24 1927

20. UNDERTAKER W. E. Edwards ADDRESS Bevier Mo

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.

8-1927

Mail to

H. S. Edwards

Bever

Mo