

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

Do not use this space.

34432

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly (No. 2184, No. Clark)

File No.

Registered No. 203

St. 2nd Ward

2. FULL NAME

(a) Residence. No. 2184 No. Clark St. 2nd Ward.

(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

Male

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)

Apr 6th 1891

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
36	7	5	

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)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Antonio Formento

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER

No date

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

14.

INFORMANT

(Address) John Formento

Moberly Mo

15.

FILED 11-13, 1927

Thos. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 11th 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 2nd 1927, 1927, to Nov 11th 1927, 1927, that I last saw him live on Nov 8th 1927, 1927, and that death occurred, on the date stated above, at 5:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis with edema

258 Hypertension

cardiac hypertrophy

130 (duration) yrs. 2 mos. da.

CONTRIBUTORY (SECONDARY)

UNKNOWN (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 Did an operation precede death? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Thos. S. Fleming, M. D.

11-13, 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

Huntsville Mo

DATE OF BURIAL

11 19

20. UNDERTAKER

Mahon and Seret ADDRESS Moberly 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.

1927

