

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

Do not use this space.

10119

1. PLACE OF DEATH

County Phelps
Township St James
City Knobview (No.)

Registration District No. 678
Primary Registration District No. 5904

File No.
Registered No.
St. Ward)

2. FULL NAME

Domenica Guidicini

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Carpineta Italy
(STATE OR COUNTRY)

10. NAME OF FATHER Mike Puggacci

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

12. MAIDEN NAME OF MOTHER Not Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Know
(STATE OR COUNTRY)

14. INFORMANT Richard Cardette
(Address) Knobview Mo.

15. FILED 3/10 19. 28 Henry H. Walters REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 2 19 28

17. I HEREBY CERTIFY That I attended deceased from March 1, 1928, to March 2, 1928, that I last saw her alive on March 2, 1928, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Bronchial)
(duration) yrs. mos. ds.
CONTRIBUTORY chronic indigestion
(SECONDARY) (duration) 2 yrs. mos. ds.

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? Clinical
(Signed) Walter H. Beer M. D.

3/7, 1928 (Address) St James 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 Knobview Amelity DATE OF BURIAL Mar. 3 19 28

20. UNDERTAKER Jonas and Ten Eyck ADDRESS St. James 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.

