

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

Do not use this space.

15925  
15555

**1. PLACE OF DEATH**

County Washington  
Township Union  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 887  
Primary Registration District No. 61825

File No. \_\_\_\_\_  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Michael Palitti

(a) Residence. No. Old Mines Mo St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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) November 24 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14 4 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Old Mines Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Simon Cotton Palitti

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Old Mines Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy Coleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Old Mines Mo  
(STATE OR COUNTRY)

14. INFORMANT Simon Palitti  
(Address) Old Mines Mo.

15. FILED 5/15-28 1928 Geo. L. Thurman  
REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1928

17. I HEREBY CERTIFY, That I attended deceased from April 3 1928, to April 4 1928, that I last saw him alive on April 3 1928, and that death occurred, on the date stated above, at 3 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Diabetic Coma  
5 59  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTOR (SECONDARY) Diabetes  
(duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
a IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Ed. Fleckwell, M. D.  
, 19 (Address) Potosi 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 Old Mines Mo DATE OF BURIAL April 5 1928

20. UNDERTAKER Joe Boye & Son ADDRESS Potosi 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.

