

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.

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

Do not use this space.

1441

1. PLACE OF DEATH

County Jefferson
Township Frank
City Monroe city

Registration District No. 399
Primary Registration District No. 1002
(No. St Mary's Hospital)

File No. 28
Registered No. 2
St. Ward

2. FULL NAME

(a) Residence. No. 337 Ord st, 9 Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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) Feb. 19, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 10 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work labor
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

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

10. NAME OF FATHER Giuseppe Birona

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

12. MAIDEN NAME OF MOTHER Anna Scutera

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

14. INFORMANT Ignazio Birona
(Address) 337 Ord st

15. FILED 1/4 29 M. M. Crave
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS:
meningitis
epidemic
79A

CONTRIBUTORY (SECONDARY) 71A
(duration) 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? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Deputy Coroner, M. D.
1/3, 1929 (Address) Deputy Coroner

*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 int. St Mary's DATE OF BURIAL 1-5 1929

20. UNDERTAKER A. Sebato ADDRESS city

