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

Do not use this space.

12800

1. PLACE OF DEATH

County..... Registration District No. 791 100

Township..... Primary Registration District No.....

City..... (No. 3049 Glasgow Pl St. ..... Ward)

File No.....

Registered No. 3339

2. FULL NAME Nicholas Bova

(a) Residence. No. 3049 Glasgow Pl St., 10 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: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nunzia Bova

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7 1866

7. AGE: Years 62 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Dominic Bova

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

12. MAIDEN NAME OF MOTHER Gaetana Mantia

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

14. INFORMANT Tony Bova
(Address) 3049 Glasgow Pl

15. FILED MAR 18 1929 Kay C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from 7-1-28, 19..., to 3-16, 19 29, that I last saw h... alive on 3-16, 19 9, and that death occurred, on the date stated above, at 2:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis Severe
Hypertension
97
118
100 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hemorrhage from
stomach cause unknown (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? no

WHAT TEST CONFIRMED DIAGNOSIS? Findings

(Signed) E.E. Cudman, M. D

3/16 19 9 (Address) Mail Berry

*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: Calvary | DATE OF BURIAL: Mar 19 1929

20. UNDERTAKER: Bensel & Nichols | ADDRESS: 1138 N 16th St

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.

165 16 16 16