

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

Do not use this space.

17182

1. PLACE OF DEATH

County Barry
Township Rolph
City Barry

Registration District No. 30
Primary Registration District No. 5042

File No. _____
Registered No. 40
St. _____ Ward) _____

2. FULL NAME Alexander L. Botalatto

(a) Residence No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mary Botalatto

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13, 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 39 9 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1185
(b) General nature of industry, business, or establishment in which employed (or employee) 1175
(c) Name of employer

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

10. NAME OF FATHER John B. Botalatto

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

12. MAIDEN NAME OF MOTHER Theresa Baidlow

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

14. INFORMANT (Address) John Botalatto
Monett

15. FILED 5-3-29 W M West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1929

17. I HEREBY CERTIFY That I attended deceased from April 30 1929, to May 1 1929 that I last saw him alive on May 1st 1929 and that death occurred, on the date stated above, at Monett, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture of Duodenum
not life induced
by acute indigestion
(duration) _____ yrs. _____ mos. 2 da.

CONTRIBUTORY (SECONDARY) 1175
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical evidence
(Signed) J G Miller, M. D.
, 19 _____ (Address) Monett, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Monett 5 3 1929

20. UNDERTAKER ADDRESS
Callaway
Monett

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.

APR 2 1948

MAR 3 1948
1948