

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

Do not use this space.

42150

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis, Mo.** (No. **Barnes Hospital**)

File No.
Registered No. **11857**
St. Ward)

2. FULL NAME

Peter Ponzi
(a) Residence. No. **405 E. Lindell St., 12** Ward. **Gillespie, Ill.**
(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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 23, 1868**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	66	8	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Miner 201A**
(b) General nature of industry, business, or establishment in which employed (or employer) **Coal Mine**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Italy**

10. NAME OF FATHER **John Ponzi**

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

12. MAIDEN NAME OF MOTHER **Santia Palizi**

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

14. INFORMANT **Stace Ponzi** (Address) **Gillespie, Ill.**

15. FILED **DEC 5 1929** **Max C. Walker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **December 29, 1929**

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19..... that I last saw h..... alive on....., and that death occurred, on the date stated above, at **4:00 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subdural Hemorrhage due to being struck by piece of falling slate

CONTRIBUTORY (SECONDARY) **in coal mine**

18. WHERE WAS DISEASE CONTRACTED **Accident**

IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF

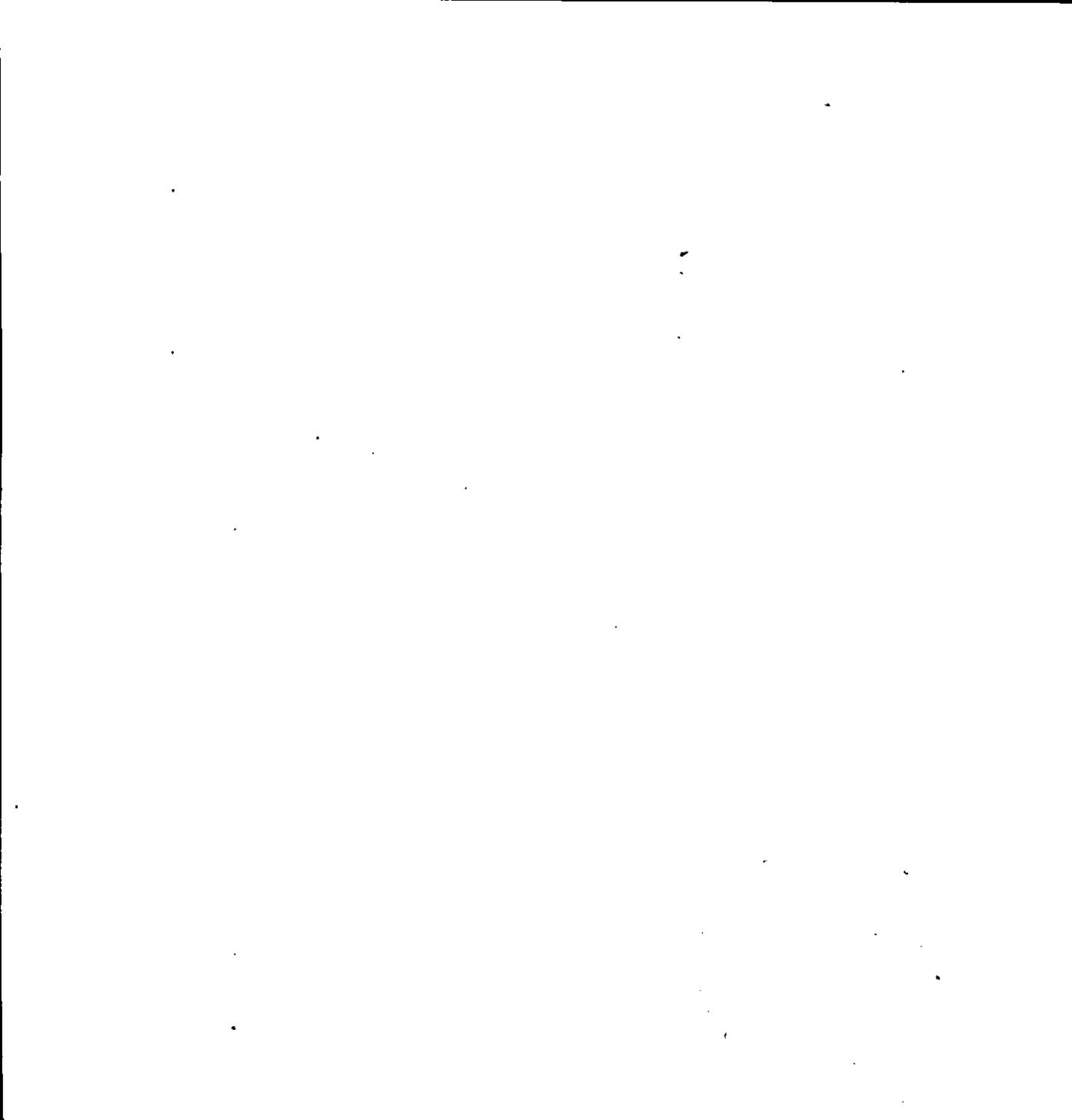
WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **W. Kerner, M.D.**
Address **1275 S. 99th St. Dep. 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 **Gillespie, Ill.** DATE OF BURIAL **Dec 29, 1929**

20. UNDERTAKER **Frankfurt** ADDRESS **Frankfurt**



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No. 791 File No. 42150
 Township..... Primary Registration District No. 1003 Registered No. 11857
 City St. Louis (No. Barnes Hospital) St. Ward

2. FULL NAME

(a) Residence. No. 405 E. Lindell St. Ward. West Frankfort, Ill.
 (Usual place of abode) (If nonresident give city of 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work miner
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer Albany Coal Co. No. 8

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy

10. NAME OF FATHER John Ponzi

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

12. MAIDEN NAME OF MOTHER Santina Pelera

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

14. INFORMANT Etra Ponzi
 (Address) West Frankfort, Ill.

15. FILED May 2 Stark Coff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 2 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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?.....

(Signed)....., M. D.

, 19 (Address)

*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 DATE OF BURIAL
Tower Hts. Frankfort Franklin, Illinois Dec. 5 1929

20. UNDERTAKER Otis Stone Union Und. Co. ADDRESS West Frankfort

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-42150