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

Do not use this space.

265

File No. .....
Registered No. 108

1. PLACE OF DEATH

County Buchanan. Registration District No. 85
Township ..... Primary Registration District No. 1001
City St. Joseph (No. 919 Seneca St. St. ..... Ward)

2. FULL NAME Nicholas Folise

(a) Residence. No. 919 Seneca Street St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Section Laborer

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

(c) Name of employer Rock Island R.R.

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

PARENTS

10. NAME OF FATHER Anthony Folise

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

12. MAIDEN NAME OF MOTHER Marie Locust

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

14. INFORMANT Mrs. Carmela Folise
(Address) 919 Seneca St.--St Joseph Mo.

15. FILED ..... 1930 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 22nd of Jan 1930 to Jan 24 1930, that I last saw him alive on Jan 24 1930, and that death occurred, on the date stated above, at 7/30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Art. Rheumatism.

(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? Clinical

(Signed) Frank Dorlesan M. D.

Jan. 27 1930 (Address) Karpomer Bldg.

*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
Mt. Olivet Cemetery	Jan. 28 1930
20. UNDERTAKER H. C. Sidenfaden	ADDRESS 1802 Union 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.