

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

Do not use this space.

8189

N. E.—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 28 1930

**1. PLACE OF DEATH**  
 County..... Crawford ..... Registration District No. 231  
 Township..... Madame ..... Primary Registration District No. 5314  
 City..... (No.....) ..... St. .... Ward)

**2. FULL NAME** Jennie R. Golezzi  
 (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** F      **4. COLOR OR RACE** Br.      **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widow  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 12 1854

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAY</b>	<b>IF LESS than 1 day, hrs. or min.</b>
	<u>75</u>	<u>9</u>	<u>21</u>	

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

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Switzerland to Ind.

**10. NAME OF FATHER** Adelaide Rous

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

**12. MAIDEN NAME OF MOTHER** Nancy Beckwith

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

**14. INFORMANT** Spencer J. Golezzi  
 (Address) R. A. #4 Cuba

**15. FILED** 3-31-1930 Ed. Mills  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3/3- 1930

**17. I HEREBY CERTIFY** That I attended deceased from Aug 1929 to Mar 3 1930  
 that I last saw h. alive on Dec 11-15 1929, and that death occurred, on the date stated above, at 11-15 1929 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Cerebral Hemorrhage

**CONTRIBUTORY (SECONDARY)** 74 yr  
 (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.....  
 (Signed) Geo. W. Reers, M. D.  
 , 19 (Address) Steelville Mo

\*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** Kendall Cemetery      **DATE OF BURIAL** 3/5- 1930

**20. UNDERTAKER** Cuba Mo      **ADDRESS** Ed. Mills Steelville Mo

