

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

Do not use this space.

36976

DEC 22 1930

1. PLACE OF DEATH

County Jay
Towship St Marys
City..... (No.....) Ward.....

Registration District No. 663
Primary Registration District No. 5881

File No. 9
Registered No. 9
St. Ward)

2. FULL NAME

Henry J. Bevilacqua

(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 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 Anna Bevilacqua

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19th 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 | 2 | 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Jay Center - Mo

10. NAME OF FATHER Michael Bevilacqua

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jay Center - Mo

12. MAIDEN NAME OF MOTHER May Pitts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jay Center Mo

14. INFORMANT M. J. Bevilacqua
(Address) St Louis home - Mo

15. FILED 11 11 30 Hy Shuwall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9-1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1930, to Nov. 9th, 1930 (that I last saw him alive on Nov. 8th, 1930., and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
(duration) 4 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) 101W
(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?

(Signed) M. J. James, M. D.

, 19 (Address) Jayville, 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 Silver Lake Mo DATE OF BURIAL 11-10-1930

20. UNDERTAKER Leahy & Campbell ADDRESS Jayville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

