

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.

Ragan New London

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

Do not use this space.

Dr. Frank R  
2518

1. PLACE OF DEATH

County Ralls  
Township  
City Glaseo (No. ....)

Registration District No. 726  
Primary Registration District No. 6968

File No. ....  
Registered No. 1  
St. .... Ward)

2. FULL NAME

Carmelia Teresa Gerbonia  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-10-1930

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

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) Glaseo Mo

10. NAME OF FATHER Raffaele Gerbonia  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy  
12. MAIDEN NAME OF MOTHER Maria Fiorella  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Raffaele Gerbonia  
(Address) Glaseo Mo  
15. FILED 1/14 1931 Sylvester Ragan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11- 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 to Jan 11, 1931, that I last saw him alive on Jan 11, 1931, and that death occurred, on the date stated above, at 9:15 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia (Lobar)

CONTRIBUTOR (SECONDARY) 108 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? W. J. Travel M. D.  
(Signed) 1-13-1931 (Address) Hannibal 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 St. Mary's Cemetery DATE OF BURIAL Jan. 13- 1931  
20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo

