

MAR 25 1931

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

Do not use this space.

6259

1. PLACE OF DEATH *Macon*
 County..... Registration District No. *527*
 Township..... Primary Registration District No. *5203*
 City *Bever, Mo.* (No. *4313*) St. Ward)

2. FULL NAME *John D. Peroglio*
 (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. 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 21 - 1886*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *merchant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *171*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy 16*

13. NAME *Anton D. Peroglio*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

15. MAIDEN NAME *Domenica Datta*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

17. INFORMANT *Minnie Peroglio*
 (ADDRESS) *Bever, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *St Charles cemetery* DATE *Mar 2 1931*

19. UNDERTAKER *H. J. Edwards*
 (ADDRESS) *Bever, Mo.*

20. FILED *2-28 1931* *Dave J. Edwards*
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 27 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 7 1931* to *Feb. 26 1931*
 I last saw him alive on *Feb. 26 1931* Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
Influenza-intestinal epidemic 11D
Thrombosis right axillary artery
phlebitis left leg
 Date of onset *Feb 21, 1931*

Other contributory causes of importance:
Thrombosis right axillary artery
phlebitis left leg
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) *D. J. Husewey* M. D.
 (Address) *Macon, Mo.*

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.

