

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791
MOOR**

Township.....

Primary Registration District No. **111**

City.....

(No. **City Hospital #1**)

File No. **23692**

Registered No. **7212**

St. Ward)

2. FULL NAME

Dominic Tosta

(a) Residence. No. **816 A Morgan** St., **25** Ward.

(Usual place of abode)

(If non-resident, 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 27, 1882*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 5

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

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

10. NAME OF FATHER *Fito Tosta*

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

12. MAIDEN NAME OF MOTHER *Anna Baccio*

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

14. INFORMANT *Antonia Tosta* (Address) *816 A Morgan*

15. FILED *311 15* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 27 1931*

17. I HEREBY CERTIFY, That I attended deceased from *1931* to *1931*

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... *8:30 P.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heat Exhaustion

CONTRIBUTORY (SECONDARY) *1911* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *1911*

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Joseph Hurley* M.D.

6/29, 19..... (Address) *Deputy Coroner*

*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

Cemetery *June 30 1931*

20. UNDERTAKER *Bensch-Hickman 1138 N. 6th*

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.

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