

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

Do not use this space.

25145

39

1. PLACE OF DEATH

County Jackson

Registration District No. 39

File No. 25145

Township Kan

Primary Registration District No. 100

Registered No. 3105

City Wauson city

(No. on street cor. 37 and widows ave)

Ward

2. FULL NAME

Delomina Donnic

(a) Residence. No. 1127 East 5th St., 1 Ward.

(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 fin 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widowed)

5A. IF MARRIED, WIDOWED, OR DIVORCED husband (OR) WIFE OF Giuseppe Donnic

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 21 day oct, 1875

7. AGE YEARS MONTHS DAYS 55 7 10 28 if LESS than 1 day, hrs. of min.

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

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

10. NAME OF FATHER Giuseppe Gigliotti

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

12. MAIDEN NAME OF MOTHER Brattochi

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

14. INFORMANT Romenuco Donnic (Address) 3434 prosse

15. FILED 7-21-31 19 31 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19 to 19 to

that I last saw h. alive on 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis

CONTRIBUTORY (SECONDARY) 90B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. No DID AN OPERATION PRECEDE DEATH? Yes DATE OF WAS THERE AN AUTOPSY? Yes WHAT TEST CONFIRMED DIAGNOSIS autopsy (Signed) Stanley M. Hall, M. D. 7/19, 1931 (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 mt. st marys DATE OF BURIAL 7-22 1931

20. UNDERTAKER A. Schulte ADDRESS city

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.

