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.

NOV 28 1931

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

Do not use this space.

33636

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 1029

City: St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME: Adolph Domino

(a) Residence, No. 628 Powell 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	8	6	

OCCUPATION

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

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

FATHER

13. NAME Adolph Domino

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

MOTHER

15. MAIDEN NAME Mary Puceio

16. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

17. INFORMANT Adolph Domino (ADDRESS) 628 Powell St.-St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St. Joseph Mo. DATE October 10, 1931

19. UNDERTAKER Fidenfadern (ADDRESS) Frederick St Joseph Mo

20. FILED 10-10-31 19 John H. Bender M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Oct 8, 1931

I last saw him alive on Oct 8, 1931. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction of bowel	3 days
Operative	
1228	
Other contributory causes of importance: Volvulus.	3 days

Name of operation — Date of Oct 8

What test confirmed diagnosis? Opn. Was there an autopsy? No

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? No

If so, specify

(Signed) Frank L. Hartegan, M. D.

(Address) Kenpalmer Bldg