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.

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

Do not use this space.

35-100-A

File No. A

Registered No.

1. PLACE OF DEATH

County Montgomery

Township " "

City New Bonneville Mo (No. , St. Ward)

Registration District No. 592

Primary Registration District No. 5790

JAN 20 1932

2. FULL NAME Anthony Pusateri

(a) Residence, No. 555 St., Longfield Ave. (If nonresident, give city or town and State)
(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 Male

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)

7. AGE About 27 years — YEARS MONTHS DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) (STATE OR COUNTRY) Kansas City Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Anna Fassone

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

17. INFORMANT (ADDRESS) Peter B. Loretner KCMo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kansas City Mo DATE , 19

19. UNDERTAKER (ADDRESS) Peter B. Loretner KCMo

20. FILED Dec 10, 1931 D. J. Bentley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ James F. Ball, 19 J. P. Acting Coroner to for Montgomery Co. Mo. held an in- 19 I last saw h alive on , 19 Death is said quest over the dead Body of Anthony to have occurred on the date stated above, at m.

~~The principal cause of death and related causes of importance were as follows:~~ Pusateri on October 9th, 1931 which resulted in a verdict by the Jury as follows: That deceased met his death on Highway No. 40. in Montgomery County, Mo. on October 9 1931, that he was killed in an auto mobile accident, when his car in which he was riding collided with a truck or trucks on said highway, causing his death.

Date of onset

~~Other contributory causes of importance:~~

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 James F. Ball

Nature of injury Justice of the Peace Acting Coroner, Montgomery County, Mo.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)