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.

38583

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township St. James — Primary Registration District No. 5904 — Registered No.
City (No. St. Ward)

2. FULL NAME Lewis Ernest Marchi

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 7 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 21 – 1931

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

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) (STATE OR COUNTRY) Phelps Co.

FATHER
13. NAME Lewis Marchi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosati Mo.

MOTHER
15. MAIDEN NAME Lona Donati
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bever Mo.

17. INFORMANT (ADDRESS) Delphine Donati Rasiti Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rosati Cemetery Mo. DATE Nov. 14 – 1931

19. UNDERTAKER (ADDRESS) Jones and Ten Eyck St. James Mo.

20. FILED Nov. 14 1931 Henry F. Wolters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. – 13 – 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1931, to Nov 13 –, 1931
I last saw him alive on Nov 13 –, 1931. Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	11/6/31
11B	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) William H Brewer, M. D.
(Address) St James Mo