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.

JAN 20 1932

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

Do not use this space.

40134

File No.

Registered No. 255

1. PLACE OF DEATH
County Boone
Registration District No. 73
Township
Primary Registration District No. 3006
City Columbia (No. , St., Ward)

2. FULL NAME Salvatore Amato
(a) Residence, No. 5 Blair Court 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.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Louise Amato
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1889
7. AGE YEARS 42 MONTHS 10 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning and Pressing
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) Potenza (STATE OR COUNTRY) Italy

FATHER
13. NAME Anthony Amato
14. BIRTHPLACE (CITY OR TOWN) Potenza (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Eleuyse Greco
16. BIRTHPLACE (CITY OR TOWN) Potenza (STATE OR COUNTRY) Italy

17. INFORMANT Mrs P Balsamo
(ADDRESS) 1101 University ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Dec 4 1931
19. UNDERTAKER B F Parker
(ADDRESS) Columbia Mo
20. FILED 12/21 1931 F. C. Suggett Registrar.
By Callie Selby

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1931, to Dec 2 1931
I last saw him alive on Dec 2 1931. Death is said to have occurred on the date stated above, at 12:55 a m.
The principal cause of death and related causes of importance were as follows:

Gangrene of right lung
Lobular pneumonia
in vomica left lung

Date of onset

Other contributory causes of importance:
Carcinoma origin unknown invading into oesophagus

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

4468

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) E. L. Baskett, M. D.
(Address) Columbia Mo.