

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

Do not use this space.

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1. PLACE OF DEATH 85  
 County Buchanan Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. St. Joseph's Hospital.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 27

2. FULL NAME Cataldo Domino  
 (a) Residence, No. 613 Corby Street. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vinchia Domino.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 8, 1884</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>1</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fruit Merchant.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>170</u>		
10. Date deceased last worked at this occupation (month and year) <u>December</u>		11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Italy.</u>		
13. NAME <u>Catalda Domino.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Italy.</u>		
15. MAIDEN NAME <u>Maria Santa.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Italy.</u>		
17. INFORMANT <u>Mrs Vinchia Domino.</u> (ADDRESS) <u>613 Corby Street.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Olivet Cem.</u> DATE <u>January 12, 1932</u>		
19. UNDERTAKER <u>H. O. Sidenfaden.</u> (ADDRESS) <u>1802 Union Street</u>		
20. FILED <u>1-12-32</u> 19 <u>John L. Bender</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1931, to Jan 9, 1932  
 I last saw him alive on Jan 9, 1932 Death is said to have occurred on the date stated above, at 8: P. m.  
 The principal cause of death and related causes of importance were as follows:  
Septicemia Date of onset Jan 6, 1932  
1230 / 100  
96 / 100

Other contributory causes of importance:  
Lechia Rectal Abscess Dec 29 31

Name of operation Incision Date of Jan 2, 1932  
 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? no 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) Thomas A. San, M. D.  
 (Address) 1133 Patrick Bldg St. Joseph Mo

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.

FEB 23 1932

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