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.

2835

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 539

City ..... (No. Central Hospital St. ..... Ward)

2. FULL NAME August Dattilo

(a) Residence, No. 2609 Howard St., 20 Ward. (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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15 - 1871

7. AGE: YEARS 60 MONTHS 5 DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fruit Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 170
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: Life 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

FATHER

13. NAME: Thomas Dattilo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Rose Amare
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Joe Dattilo 2609 Howard

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Jan 18 1932

19. UNDERTAKER (ADDRESS): Bensick-Niedens 1138 N 6th St

20. FILED: JAN 18 1932 Max C Starkey Registrar

## 6. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932 to Jan 15, 1932

I last saw him alive on Jan 15, 1932. Death is said to have occurred on the date stated above, at 8 A.m.

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

Chronic
1214 Endocarditis
1214 Low Blood Pressure
1314

Date of onset

Other contributory causes of importance: 1 59/40

Premid due to Chr. Nephritis
Gangrene - Appendix

Name of operation: appendectomy Date of 1-7-32

What test confirmed diagnosis? symptoms 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? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: none

Nature of injury: none

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

If so, specify .....

(Signed) Wm F Harmann, M. D.

(Address) 2243 N Grand