

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

Do not use this space.

29662

**1. PLACE OF DEATH**

54 County Lafayette  
6 Township Levington  
4 City Levington (No. ....)

Registration District No. 461  
Primary Registration District No. 3024

File No. 93  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Americo Gasperino

(a) Residence, No. .... 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.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1911</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>11</u>
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk 135</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoey store</u>		
10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Levington Mo.</u>		
13. NAME <u>Leon Gasperino</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
15. MAIDEN NAME <u>Mary Lucatelle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
17. INFORMANT (ADDRESS) <u>Leon Gasperino Levington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Levington Mo Sept 29, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>James Fogli Levington Mo</u>		
20. FILED <u>Sept 28, 1932 W. W. Fredendall Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932, to Sept 27, 1932  
I last saw him alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 9:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

Other contributory causes of importance:

①

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 .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) W. W. Fredendall, M. D.  
(Address) Levington Mo.

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.

OCT 26 1932

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH

