

NOV 2 1932

Do not use this space.

31878

35 County Dunklin Registration District No. 288
Township East Palestine Primary Registration District No. 4172
7. City Kennett (No. _____)

File No.....
Registered No.....
.....St. Ward

2. FULL NAME

(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			How long in U. S., if of foreign birth?		
yrs.	mos.	ds.	yrs.	mos.	ds.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 . 1933

22. I HEREBY CERTIFY, That I attended deceased from
Oct 22, 1932, to Oct 25, 1932

I last saw h. 2 alive on Oct 25, 1932 Death is said

to have occurred on the date stated above, at.....m.

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

Date of entry

Bronch's Pneumonia 10/21

1921
1922

Other contributory causes of importance:

2. Mitral heart lesion (1)

Artemio Scleraci

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
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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	
1	2

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Thayer Davis, M. D.

(Address) 7 Sunset Blvd

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