

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

*Dr. Burke*  
Do not use this space.

1027

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Springfield Primary Registration District No. 2001  
 5 City Springfield (No. 1103 N. Meadetan) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rosa Nina San Paolo  
 (a) Residence, No. 1103 N. Meadetan 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.

File No. \_\_\_\_\_  
 Registered No. 79

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12 1932</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		DAYS
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo</u>		
13. NAME <u>Pietro San Paolo</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
15. MAIDEN NAME <u>Guerra Antonis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>		
17. INFORMANT <u>Pietro San Paolo</u> (ADDRESS) <u>1103 N. Meadetan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>1/19/33</u>		
19. UNDERTAKER <u>George Kolmeyer</u> (ADDRESS) <u>Springfield Mo</u>		
20. FILED <u>1-19</u> 19 <u>33</u> <u>Ralph W. Langston</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 20. 1933

I HEREBY CERTIFY That I attended deceased from Jan 19 1933, to Jan 19 1933

I last saw him alive on Jan 19 1933 Death is said to have occurred on the date stated above, at 2:30 p.m. 1/20/1933

The principal cause of death and related causes of importance were as follows:  
Bronch. pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 107A

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

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) W. S. Burke M. D.  
214 S. Jefferson St.  
Springfield, 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.

WHITE PRINT, WITH OUTRIND MARK—THIS IS A PERMANENT RECORD

