

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

Do not use this space.

8585

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

File No. _____
 Registered No. 300

2. FULL NAME Anthony Michael Marcell
 (a) Residence, No. 136 Park Lane Apts. St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Marcell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 3 7
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff
 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) March 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Felix Marcell

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Italy

MOTHER FATHER 15. MAIDEN NAME Mary Susan Padula

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Italy

17. INFORMANT Anthony F Marcell (ADDRESS) 136 Park Lane Apts, St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL mt Olivet PLACE St Joseph Mo. DATE March 20 1933

19. UNDERTAKER H O Sidenfaden (ADDRESS) 1802 Union St, St Joseph Mo.

20. FILED 3.20.33 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1933, to March 17, 1933.
 I last saw him alive on March 17, 1933. Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Diabetic Coma
 Other contributory causes of importance:
59

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Cecilia King Mc Gie, M. D.
 (Address) Wesley Rollins Hotel

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.

APR 21 1933

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 16
 16

