

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

Do not use this space.

13544  
1880

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
Township Waco Primary Registration District No. ....  
City Meroux City No. 1208 East 5th St. St. .... Ward)

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

**2. FULL NAME**

Priglasina George  
(a) Residence, No. 1208 East 5th 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 female 4. COLOR OR RACE white 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF husband of Sam Cuzgo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

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

FATHER 13. NAME Nicola Spriotto

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

MOTHER 15. MAIDEN NAME Maria Greco

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

17. INFORMANT Nicola Cuzgo  
(ADDRESS) 1208 East 5th St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Mary DATE May 1 - 1933

19. UNDERTAKER A. Schultz  
(ADDRESS) 201 East 5th St.

20. FILED 4-29 1933 M. M. Grove  
dash Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933, to April 28 1933.  
I last saw him alive on April 25 1933. 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:

Chronic Myocarditis Date of onset 2-15-1932  
930930

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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) James Middleton M. D.  
(Address) 424 N. Montzall

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.

