



John E. Marchetti

JOHN E. MARCHETTI

AGENT

LEXINGTON SAVINGS BANK BUILDING

LEXINGTON, MO.

February 4th, 1935

File No
16998

This is to certify that the two undersigned knew Beny. Giovanni. And that he is the same man ^{known} as Benso Giovanni, who died in Lexington the Spring of 1933.

And that he always went by the name Beny Giovanni.

Witness

Robert Giacchino
Bersano Giovanni

Subscribed and sworn to before me this 4th day of February 1935

com. expires Jan. 31, 1937

John E. Marchetti
Notary Public

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township Lexington
City (No.) St. Ward

Registration District No. 461
Primary Registration District No. 5625

File No. 16998
Registered No. 44

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

Giovanni Basso or (John Basso)

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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>about 66</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Gardener</u>
	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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Italy</u>	
MOTHER	13. NAME	<u>Mr. Giovanni</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Italy</u>
	15. MAIDEN NAME	<u>Mr. Giovanni</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Italy</u>
	17. INFORMANT (ADDRESS)	<u>Victoria Gorza Lexington Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Lexington Mo</u> DATE <u>May 19 1933</u>
	19. UNDERTAKER (ADDRESS)	<u>Emmett Ferguson Lexington Mo</u>
	20. FILED	<u>Feb 15 1935 Fayette Buel Bates Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 14 1933

I last saw alive on May 14 1933 Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Acute dilatation of heart
Alcoholism

Other contributory causes of importance:

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 Dr. Wharton C. Corner, M. D.
(Signed) Dr. Wharton C. Corner
(Address) La Fayette Co. Missouri