

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

Do not use this space.

8864

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Jackson Primary Registration District No. 1051
 City N. E. Mo. (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1110 Bal. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marry Maggo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1886

7. AGE 47 YEARS MONTHS 7 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carver
 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) Italy

13. NAME Cesare Maggo

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

15. MAIDEN NAME Mrs. Altamonte

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

17. INFORMANT Domina Maggo (ADDRESS) 726 French

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Ch. DATE 3/7 1934

19. UNDERTAKER H. Sebels (ADDRESS) 901 9th St

20. FILED 3/6 1934 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on 3-3 11:30 p.m., 1934. 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:

Pneumonia
Double lobar
1270
103
106
 Other contributory causes of importance:
Cholecystectomy 3.1-39
Constriction of esophagus

Name of operation Cholecystectomy Date of 3-1-34
 What test confirmed diagnosis? Post 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? _____ 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) OMM M. D. (Address) _____

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.

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