

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

Do not use this space.

9187

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Frank Primary Registration District No. 619 Forest Ave  
City Linn (No. 619 Forest Ave) St. Linn Ward 1385

File No. \_\_\_\_\_

Registered No. 1385

2. FULL NAME Ninfa Evola

(a) Residence, No. 619 Forest St., Linn Ward. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felice Evola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
54 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife  
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 Antonio Laucella

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

15. MAIDEN NAME Francesca Manino

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

17. INFORMANT Jasper Ferris (ADDRESS) 709 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery DATE 3-29-34

19. UNDERTAKER Passantini Bros (ADDRESS) Linn

20. FILED Mar 29, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27<sup>th</sup> 1934

I HEREBY CERTIFY That I attended deceased from March 23<sup>rd</sup> 1934 to March 27<sup>th</sup> 1934

I last saw her alive on March 26<sup>th</sup> 1934. Death is said to have occurred on the date stated above, at 12:45 pm.

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

Filed - pneumonia  
(influenza Bronchopneumonia)

Other contributory causes of importance: Toxemia

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Anthony J. Lemica, M. D.  
(Address) 312 Blue Hill Bldg

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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