

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

Do not use this space.

MAY 25 1934

4267-A

D. 1476

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rail Primary Registration District No. 2007 File No. D. 1476
City Keokuk (No. Alley near of 573 Campbell St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 531 Garrison 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 M 4. COLOR OR RACE Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Casciara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-07

7. AGE YEARS 26 MONTHS 8 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Kansas

13. NAME John Casciara 8

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

15. MAIDEN NAME Agnes Castaro

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

17. INFORMANT (ADDRESS) Widow 531 Garrison

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 4/3 1934

19. UNDERTAKER (ADDRESS) Lapethua Keokuk

20. FILED 4-2 1934 Wm Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30/34 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____

I last saw him alive on _____ 19____. 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:

Blow to head by sharp instrument.
Fracture of the skull.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (injury), fill in also the following: _____

Accident, suicide, or homicide? Accident Date of injury 3/30/34

Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Blow to head with sharp instrument

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm Crowe

(Address) Keokuk

N. B.—Every item of information should be carefully supplied. AGE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

