

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.

MAY 25 1934

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

Do not use this space.

14880

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 008

City.....

(No. 2706<sup>a</sup> 2121<sup>st</sup>)

File No.....

Registered No. 3972

St..... Ward.....

2. FULL NAME

Providenza Palagolo

(a) Residence, No. 2706<sup>a</sup> 2121<sup>st</sup> St. 20 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Palagolo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 3 20

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

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 Baptiste Corado

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

15. MAIDEN NAME Antonina Sharamita

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

17. INFORMANT (ADDRESS) Mrs. Dominic Kifaido 2706<sup>a</sup> 2121<sup>st</sup>

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Apr 21 34

19. UNDERTAKER (ADDRESS) Beuhel & Beuhel 1138 216<sup>a</sup> St

20. FILED J. H. Beuhel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18<sup>th</sup> 1934

22. I HEREBY CERTIFY, that I attended deceased from

19... to 19...

I last saw h... alive on... 19... Death is said

to have occurred on the date stated above, at 9:40 p. m.

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

Lobar Pneumonia  
Chr. Myocarditis  
Other contributory causes of importance:  
108

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) John J.weeney M.D.

(Address) 411 9/34

