

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

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1. PLACE OF DEATH:
 County Jackson Registration District No. 399
 Township Ransom Primary Registration District No. 1092
 City Ransom (No. 709) E 5th St St. _____ Ward _____

2. FULL NAME Mike Lucito
 (a) Residence, No. 709 East 5th St., _____ Ward. _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 05850
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Dia Lucito

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 - 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>60</u>	<u>9</u>	<u>20</u>	

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

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 Mike Lucito

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

15. MAIDEN NAME Antonina Mariscal

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

17. INFORMANT (ADDRESS) Daughter 709 East 5th

18. BURIAL, CREMATION, OR REMOVAL PLACE West Mary's DATE July 28 1934

19. UNDERTAKER (ADDRESS) A. Schibeto 901 East 6th

20. FILED 7-27-1934 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25/34 1934

22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 1934

I last saw him alive on _____, 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:
Fracture of left femur (Date of onset)

Other contributory causes of importance:
Chronic adhaesive peritonitis

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Were an autopsy _____

23. If death was due to enteric fever, cholera, or influenza, specify the following: _____
 accident, suicide, or homicide _____ in _____
 Where did injury occur? 104 East 3rd St (Specify city or town, county, and State)

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

Manner of injury Pedestrian
 Nature of injury fall

24. Was disease or injury of an occupational nature?
 If so, specify _____ (Signed) _____, M. D.
 (Address) 104 East 3rd St

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.

AGE 21 1934

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Main body of the document containing several paragraphs of text. The text is extremely faint and largely illegible due to the quality of the scan. It appears to be a formal letter or report.