SEP 1 2 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 28340

Township Primary Registration District No. 1001 Registered No. 923

City St. Joseph. (No. 812 Corby Street. St. Ward)

2. FULL NAME Bartolo Comello.

(a) Residence, No. 922 Edmond Street. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White.	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dia Comello.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24, 1855.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	78	9	11.	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself.

10. Date deceased last worked at this occupation (month and year) 6 Years.

11. Total time (years) spent in this occupation 30 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Termini. Italy.

FATHER

13. NAME Sam Comello.

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

MOTHER

15. MAIDEN NAME Pauline Rizzo.

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

17. INFORMANT (ADDRESS) Mrs John Piro. 812 Corby Street.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery.
PLACE St. Joseph, Missouri DATE Aug 7 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden. 1802 Union Street. St. Joseph Mo.

20. FILED 8-6-34 19 John R. Bender 3 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to Aug 5, 1934

I last saw him alive on Aug 4 1934. Death is said to have occurred on the date stated above, at 2:30a m.

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

	Date of onset
12) Chronic Nephritis	1930
93C	
97	
131	

Other contributory causes of importance: chronic myocarditis, arteriosclerosis general, uremia

Name of operation none Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? none (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) H. G. Thompson, M. D.

(Address) 825 Charles St Joseph, Mo.

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.