

OCT 13 1934

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

Do not use this space.

31897

1. PLACE OF DEATH

County Barton Registration District No. 43
Township W. Calmar City Primary Registration District No. 5065
City South (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John Pomatto
(a) Residence, No. Rural St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Italian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Pomatto</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>5</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 4 1934</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Turin Italy</u>		
FATHER	13. NAME <u>Pete Pomatto</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
MOTHER	15. MAIDEN NAME <u>Fallitti</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT (ADDRESS) <u>Charles Pomatto</u> <u>South</u> <u>Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barton City</u> DATE <u>Sept 9</u> <u>1934</u>		
19. UNDERTAKER (ADDRESS) <u>Berky Funeral Service</u> <u>Mulberry Kansas</u>		
20. FILED <u>10-2</u> 1934 <u>W P Pickett</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1934 to Sept 7 1934
I last saw him alive on Sept 7 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis 1923
of cerebral arteries
92A

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no
If so, specify _____

(Signed) Allen W Sandridge, M. D.
(Address) Mulberry Kansas

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.

WHILE TRAINING, WITH UPDATING INK—THIS IS A PERMANENT RECORD

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16
18

