

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 17 1934

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

Do not use this space.

33930

1. PLACE OF DEATH

94 County St. Francis
Township Perry
City Paris (No. Mo.)

Registration District No. 775
Primary Registration District No. 6020

File No. 72
Registered No. _____
St. _____ Ward)

2. FULL NAME

Anna Vallo

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>John Vallo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>6</u>
		DAYS
		<u>7</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>House wife</u>	
	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) <u>Austria Hungary</u> <u>Europe</u>		
FATHER	13. NAME <u>John Chasmar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Europe</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. M. J. Vargo</u> (ADDRESS) <u>Bonne Terre, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLAC. <u>Catholic Cemetery</u> DATE <u>Sept. 21, 1934</u>		
19. UNDERTAKER <u>Benham and Co</u> (ADDRESS) <u>Bonne Terre, Mo.</u>		
20. FILED <u>9/16</u> , 19 <u>34</u> <u>V. P. Son</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935, to Sept. 19, 1934
I last saw h. a. l. alive on 9-19-1934. Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
930

Date of onset at least two years.

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis Phys. exam. 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? no
If so, specify _____
(Signed) H. H. Robber, M. D.
(Address) Bonne Terre, Mo.

