

JAN 5 8 1935

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

Do not use this space.

41905

1. PLACE OF DEATH

County Barton
Township Barton City
City (No.) St. Ward)

Registration District No. 43
Primary Registration District No. 5065

File No. 6
Registered No.

2. FULL NAME Augustine Vacca

(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 M. 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Vacca

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28th 1852

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
82 4 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Swine State
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Swine State
(STATE OR COUNTRY)

10. NAME OF FATHER John Vacca

11. BIRTHPLACE OF FATHER (CITY OR TOWN) State
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Vignos

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) State
(STATE OR COUNTRY)

14. INFORMANT Joe Vacca
(Address) 1 Swine Mo. R#1

15. FILED 1-5-35 W.P. Puck REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 31st 1934

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1934 to Dec. 31, 1934
that I last saw him alive on Dec. 31st 1934 and that death occurred, on the date stated above, at 10:21 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of Lumen and Mitral Insufficiency
12/16/34 (duration) 16 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Swine State (duration) 16 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J.P. Bell M.D.
. 19 (Address) Lebanon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bluff Cemetery DATE OF BURIAL Jan. 2nd 1934

20. UNDERTAKER G.B. Beany Sons ADDRESS Sheldahl Mo.

Exact statement of OCCUPATION is very important.

