

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.

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

Do not use this space.

MAR 27 1935

6068

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 130 VA

File No. _____
Registered No. 6216
St. 6 Ward

2. FULL NAME

(a) Residence, No. Ermeinda Florina Fiorella St. _____ Ward. _____
(Usual place of abode) Glaseo Mo.

Rolla Co. Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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>Italian</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16 - 1910</u> | | |
| 7. AGE | YEARS <u>24</u> | MONTHS <u>3</u> |
| | DAYS <u>16</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>at home</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>Glaseo Mo.</u> | | |
| FATHER | 13. NAME <u>Severino Fiorella</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> | |
| MOTHER | 15. MAIDEN NAME <u>Caramela Luciano</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> | |
| 17. INFORMANT (ADDRESS) <u>Severino Fiorella</u> <u>Glaseo Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>2-25-1935</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Hannibal Mo.</u> | | |
| 20. FILED <u>11</u> 1935 <u>Whistle</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1929 to Feb 22, 1935.
I last saw her alive on Jan Feb 21, 1935 Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:
Cyberic Abstruction Date of onset _____

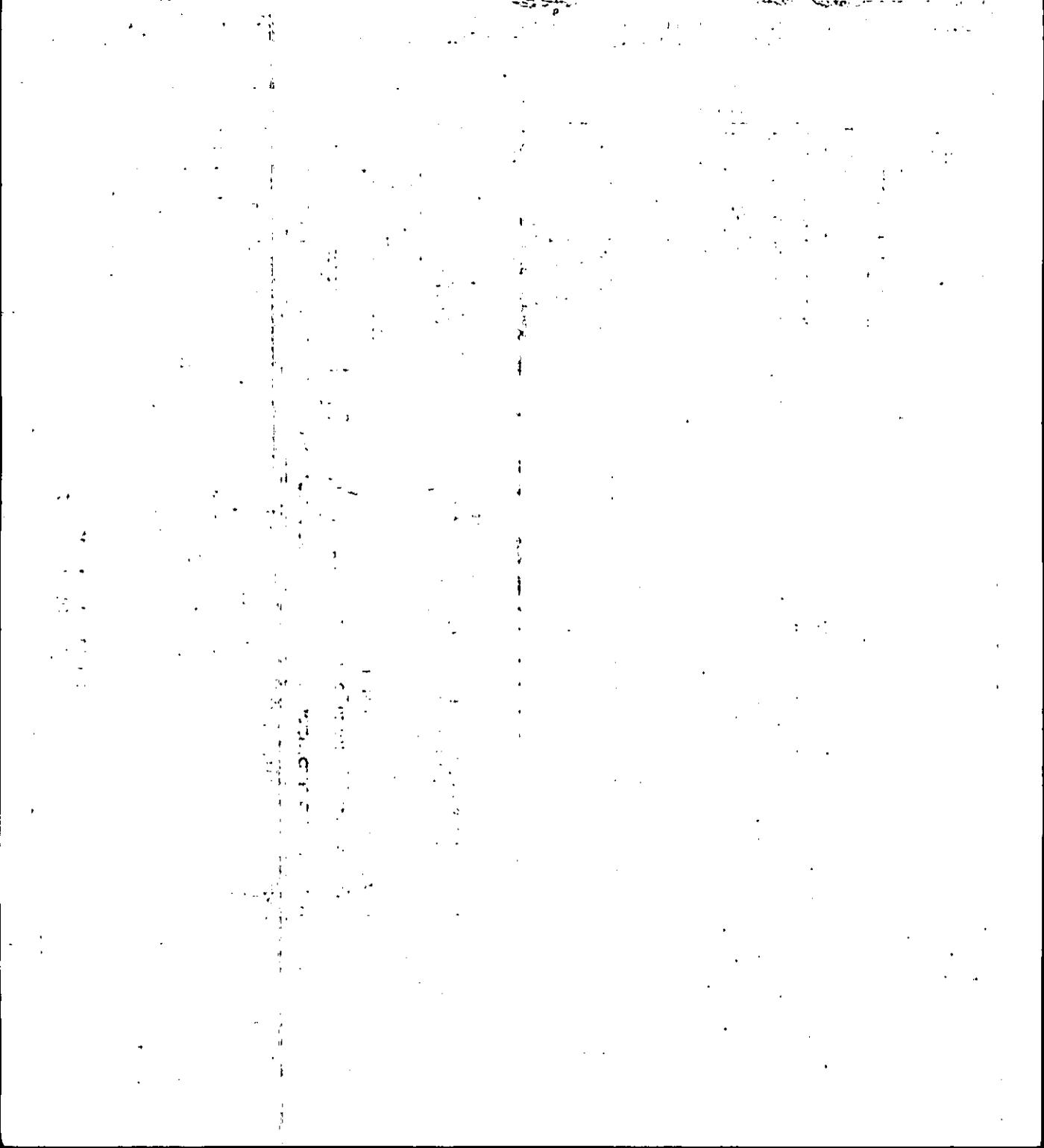
Other contributory causes of importance:
NO

Name of operation Gastrectomy Date of 1934
What test confirmed diagnosis? T-ray Was there an autopsy? yes

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) W. J. Traversa, M. D.
(Address) Hannibal Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion

Registration District No. 547

File No. _____

Township _____

Primary Registration District No. 3029

Registered No. 62

City Donnell (No. _____)

St. Elizabeth Hosp

St. _____ Ward) _____

2. FULL NAME

Emma Flaura Farrell

(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 7 4. COLOR OR RACE 9 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 24 9 16

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

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19. _____

19. UNDERTAKER (ADDRESS) _____

20. FILED April 25 19 30 E. M. Lusk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. 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:

Pyloric obstruction Date of onset _____

Cause - Unknown

Other contributory causes of importance: _____

SUPPLEMENTARY

1180

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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APR 26 1968

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