

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 28 1935

10153

1. PLACE OF DEATH

County Phillips Registration District No. 678
Township St. James Primary Registration District No. 5904
City St. James (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Alexander Spanevello

(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 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Julia Spanevello</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-1-1897</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>0</u>	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	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.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

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

13. NAME Frank Spanevello

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

15. MAIDEN NAME Julia Pignatello

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

17. INFORMANT Steve Spanevello (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 3-4-1935

19. UNDERTAKER Jonas and Jim Eych (ADDRESS) St. James Mo

20. FILED 3/4 1935 Mrs. W. J. Work Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-2-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1935, to March 2, 1935
I last saw him alive on March 2, 1935. Death is said to have occurred on the date stated above, at 10:45 a. m.
The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia Date of onset 2-23-35

Other contributory causes of importance:
HO

Name of operation Date of
What test confirmed diagnosis? clinical 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) William H. Green, M. D.
(Address) St James, Mo

