

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.

MAY 31 1935

13527

1. PLACE OF DEATH

County Macon
Township
City Macon (No.)

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 154
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Edith Lolli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1882

7. AGE YEARS 53 MONTHS 0 DAYS 17 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. Retired 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lagano, Modena (STATE OR COUNTRY) Italy

MOTHER 13. NAME Frank Lolli

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

15. MAIDEN NAME Mary Montrestell

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

17. INFORMANT Mary Lolli (ADDRESS) Macon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beverly Mo DATE 4-9 19. 35

19. UNDERTAKER Stephens & Stopping (ADDRESS) Macon, Mo

20. FILED 4/12 19. 35 Leola Hewitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-1935

22. HEREBY CERTIFY, That I attended deceased from April 2 1935, to April 4 1935

I last saw him alive on April 4 1935. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (Type of case) April 2

Other contributory causes of importance

Name of operation None 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

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?

If so, specify

(Signed) A. P. Hoyle, D.O.

(Address) Macon, Missouri

