

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

Do not use this space.

20373

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township Marion Primary Registration District No. 3029 Registered No. 189
 City Hannibal (No. 837) Fullon Ave St. 4 Ward _____

2. FULL NAME

Joseph Guattaschi Mall
 (a) Residence, No. 837 Fullon Ave 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

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. Stillborn

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) Hannibal Mo

13. NAME Benny Noel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Mary Guattaschi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

17. INFORMANT (ADDRESS) Benny Noel Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Church DATE 6/26 1935

19. UNDERTAKER (ADDRESS) St. Marys Church Hannibal Mo

20. FILED June 27 1935 R. K. Schuler Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1935

22. I HEREBY CERTIFY that I attended deceased from June 24, 1935, to June 24, 1935
 I last saw him alive on June 24, 1935 Death is said to have occurred on the date stated above, at 10:15 P.M.

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

Pneumonia
5 1/2 yrs
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

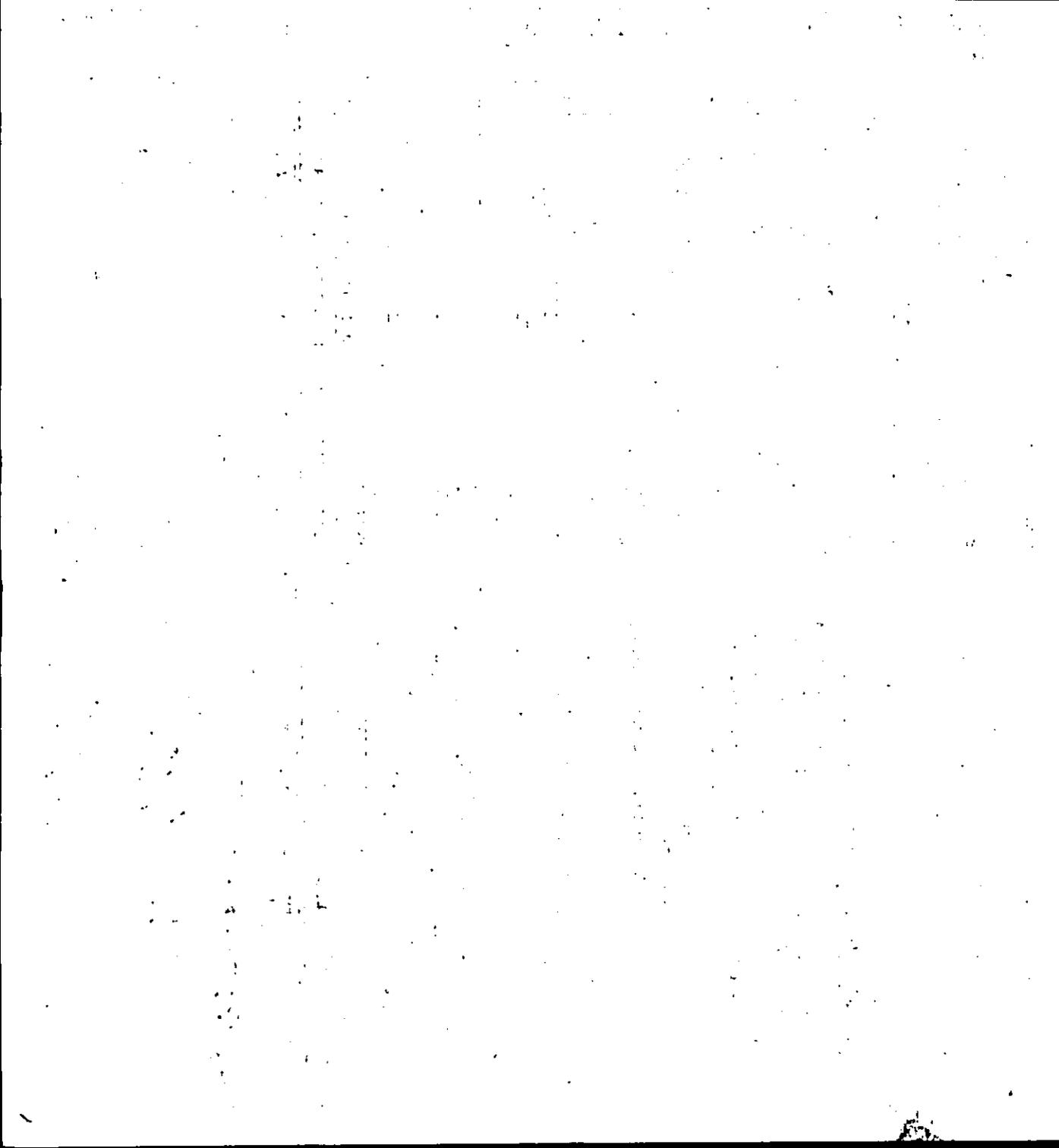
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. Richman, M. D.

(Address) 6001 Bldg. Hannibal Mo

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 25 1935

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