

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.

AUG 20 1935

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

Do not use this space.

23007

## 1. PLACE OF DEATH

County Jackson  
Township Hann  
City Hannover (No. \_\_\_\_\_)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 23007  
Ward \_\_\_\_\_

## 2. FULL NAME

Carlo Marcato  
(a) Residence, No. 535 Harrison 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17 1925</u>		
7. AGE YEARS <u>9</u>	MONTHS <u>6</u>	DAYS <u>20/18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	11. Total time (years) spent in this occupation
	10. Date deceased last worked at this occupation (month and year)	
	<u>school child</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover City Mo

13. NAME Joseph Marcato

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

15. MAIDEN NAME Unk. Falcone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT (ADDRESS) Joseph Marcato  
535 Harrison St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St Mary DATE 7-8-35

19. UNDERTAKER (ADDRESS) Panastasio Bros  
W C Mo

20. FILED July 7 1935 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-17-, 1935, to 7-5-, 1935

I last saw him/her alive on 7-5-, 1935 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Embryonic carcinoma  
in kidney with approx 6 mos  
massive cervical  
metastases and  
necrosis

Date of onset

Other contributory causes of importance:  
8

Name of operation Biopsy Date of 7/5/35

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1935

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) Collyer R. Paul M. D.  
(Address) Mercy Hospital

Handwritten text, possibly a signature or date, oriented vertically.

Small handwritten mark or signature.

Handwritten scribbles or marks on the right side of the page.