

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

Do not use this space.

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1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Lexington Primary Registration District No. 5625
City (No.) Ward

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Catherine P. Giorza

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1907

| | | | | |
|--------|-------|--------|-----|--|
| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, _____ hrs. or _____ min. |
| | 28 | 6 | 15 | |

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

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) Loomaria, Berrien
(STATE OR COUNTRY) France

13. NAME William Penn

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

15. MAIDEN NAME Anna Mary Noen

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

17. INFORMANT Legio Giorza
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE July 25, 1935

19. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo.

20. FILED July 25, 1935 Jays B Bates
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to July 23rd 1935
I last saw h. or alive on July 19th 1935 Death is said to have occurred on the date stated above, 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Admission disease Date of onset _____

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) J. H. Fredericks, M. D.
(Address) Lexington, 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.

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