

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

Do not use this space.

SEP 25 1935

27366

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly (No. 521 W. Courts)

St. Mo. Ward. 143

2. FULL NAME

(a) Residence, No. 521 W Courts St. Mo. Ward. 143

(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 Male 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 Lena Ardizzone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 29

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

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) (STATE OR COUNTRY) Italy

13. NAME Frank Ardizzone

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

15. MAIDEN NAME No data

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

17. INFORMANT Mrs Lena Ardizzone (ADDRESS) Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Aug 23 - 1935

19. UNDERTAKER Matthew J. ... (ADDRESS) Moberly Mo.

20. FILED 8/22 1935 Registrar Trigun ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 - 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1935 to August 20, 1935

I last saw him alive on August 20, 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Carcinoma of Liver

Other contributory causes of importance:

Name of operation none Date of none

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? No Date of injury none, 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. R. Moland, M. D.

(Address) Moberly, Mo.

Registrar

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.

