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

OCT 24 1935

Do not use this space.

29962

File No. 75

Registered No.

1. PLACE OF DEATH

County Lafayette — Registration District No. 461

Township — Primary Registration District No. 3024

City Lexington (No. , St. Ward)

2. FULL NAME Nickles Girardi

(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: 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: Angelina Girardi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20, 1873

7. AGE: 61 YEARS — MONTHS: 11 — 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.: Miner

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): Austria

FATHER

13. NAME: Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Frank Girardi, Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington Mo DATE Sept 9 1935

19. UNDERTAKER (ADDRESS): Winkler Furn Co.

20. FILED Sept 9 1935 Faye Bill Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1935, to Sept 6, 1936

I last saw him alive on Sept 6, 1935. Death is said to have occurred on the date stated above, at 1:30 A M

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

	Date of onset
Myocarditis and Coronary dis	18 mo
131	

Other contributory causes of importance:

Cardio vas-renal syndrome

Name of operation — Date of

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, 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) [signature], M. D.

(Address) Lexington Mo