

FEB 25 1937

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

Do not use this space.

1594

1. PLACE OF DEATH

County Jackson
Township North
City N.C.

Registration District No. 399
Primary Registration District No. 1002
(No. 306 Holmes St.)

File No. _____
Registered No. 295
St. _____ Ward) _____

2. FULL NAME

Antonio Tuzzoleno

(a) Residence, No. 306 Holmes 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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Carmela Tuzzoleno</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5 1862</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation. <u>16</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>262</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	<u>16</u>
	13. NAME <u>Nicola Tuzzoleno</u>	<u>16</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
MOTHER	15. MAIDEN NAME <u>Rosa Cranzza</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT (ADDRESS) <u>Daughter Josephine Tuzzoleno 306 Holmes</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>Jan 23 - 1937</u>		
19. UNDERTAKER (ADDRESS) <u>A. Schubert 701 East 5th</u>		
20. FILED <u>Jan 22 1937 M. M. Brown Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 20 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 9 1937 to Jan 20 1937

I last saw him alive on Jan 20 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Cerebral Hemorrhage
Myocarditis Chronic

Other contributory causes of importance: _____

Name of operation no 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? 1

If so, specify _____

(Signed) Abraha Wepler D.

(Address) 1005-1 Argyle Bldg

WHITE PLAIN PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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