

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

Township

Law

Primary Registration District No.

10.2

City

Kansas

(No.)

Memorial Hosp

File No.

9753

Registered No.

1470

St.

Ward)

2. FULL NAME

(a) Residence, No.

Antonio Moley

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

Mary

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

July 15 - 1871

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

65

8

10

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Club of Employment

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)

San Bucca, Italy

13. NAME

Cologero Moley

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

Italy

15. MAIDEN NAME

Antonina Annata

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

Italy

17. INFORMANT (ADDRESS)

Mary Moley
408 Cherry

18. BURIAL, CREMATION, OR REMOVAL

PLACE, St. Mary Cem, DATE, 3-27-37, 19

19. UNDERTAKER (ADDRESS)

Peter B. Lapetus
1212 E. 12th St.
St. Louis, Mo.

20. FILED

Mar 26, 1937 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-25-37

22. I HEREBY CERTIFY, That I attended deceased from

Feb 17, 1937, to March 25, 1937

I last saw him alive on March 24, 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:

Date of onset

Diabetic's mellitus
59

Other contributory causes of importance:

Gangrene prevascular
perforated
Dromedary

Name of operation

Suprapubic & Transverse

What test confirmed diagnosis?

Date of Feb 20

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)

Eulius Tuzolba M. D.
(Address) 518 Gyle Redg

