

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

Do not use this space.

APR 22 1937

12587

1. PLACE OF DEATH

County Mason Registration District No. 547
 Township Mason Primary Registration District No. 3079
 City Hannibal (No. St Elizabeth) St. _____ Ward _____

File No. _____
 Registered No. 83
 St. _____ Ward _____

2. FULL NAME Frank Quattrocchi

(a) Residence, No. 223^a N. Main 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21, 1859</u>		
7. AGE YEARS <u>78</u> (<u>177</u>)	MONTHS <u>10</u>	DAYS <u>4</u>
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
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
13. NAME <u>Joseph Quattrocchi</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT <u>Mr. Joseph Quattrocchi</u> (ADDRESS) <u>613 Madison Ave Hannibal, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys Cem.</u> DATE <u>Feb 27th 1937</u>
19. UNDERTAKER <u>James O'Connell</u> (ADDRESS) <u>Hannibal, Mo</u>
20. FILED <u>2/3</u> 19 <u>37</u> <u>St O Fisher</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27th 1937
 22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Feb 21, 1937
 I last saw him alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 5:10 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis

Date of onset

Other contributory causes of importance:
None

Name of operation None Date of _____
 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? _____ 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? No
 If so, specify _____
 (Signed) B. L. Murphy, M. D.
 (Address) 291^a Broadway
Hannibal, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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