

JUN 2 1 1937

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

Do not use this space.

20107

1. PLACE OF DEATH

County Greene Registration District No. 318
Township S Campbell Primary Registration District No. 5440
City Springfield (No. 1) U.S. Federal Hospital (Ward)

File No. _____
Registered No. 0376

2. FULL NAME PARMAGINI, Antone

(a) Residence, No. _____ St., _____ Ward. San Francisco, Calif.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 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 Mrs. Anita Parmagini

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bond broker
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) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa, Italy

13. NAME Robert Parmagini

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

15. MAIDEN NAME Mary (?) Parmagini

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

17. INFORMANT Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE San Francisco DATE Sept. May 4, 1937

19. UNDERTAKER Alma Lohmeyer Funeral Home (ADDRESS) Springfield, Mo.

20. FILED May 4, 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, 19, to May 1, 1937, 19.

I last saw him alive on May 1, 1937, 19. Death is said to have occurred on the date stated above, at 2:50 P.M.

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

Carcinoma of recto-sigmoid colon Date of onset ?

Other contributory causes of importance: None

Name of operation - Colostomy Date of 11-25-36

What test confirmed diagnosis? X-ray 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) T. H. [Signature] Surgeon, M. D.
Clinical Director, USHDD,
(Address) Springfield, Mo.

