

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

Do not use this space.

JUN 23 1937

20505

44

1. PLACE OF DEATH

54 County Lafayette Registration District No. 461
6 Township Lexington Primary Registration District No. 3024
4 City Lexington (No. 2) St. 1 Ward 1

File No. _____

Registered No. _____

2. FULL NAME Joe Gasperino

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
30 2 7

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

13. NAME Leon Gasperino

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

15. MAIDEN NAME Mary Locatalle

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

17. INFORMANT Leon Gasperino
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE May 25, 1937

19. UNDERTAKER Winkler, Lexington, Mo.
(ADDRESS) _____

20. FILED May 25, 1937 Faye B. Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1937, to May 23, 1937

I last saw him alive on May 23, 1937 Death is said to have occurred on the date stated above, at 2:15 P.M.

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

Cocaine of Slowish Date of onset _____

Other contributory causes of importance: 46

Name of operation yes, attempt to remove ca Date of _____

What test confirmed diagnosis? Spectin Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) W. B. Brooker, M. D.
(Address) Lexington, Mo.

WRITE PLAINLY 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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1A
1B

