

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

Do not use this space.

SEP 27 1937

1. PLACE OF DEATH

County Washington
Township Benton
City Benton (No. _____) St. _____ Ward _____

Registration District No. 887
Primary Registration District No. 6179

File No. 32100
Registered No. _____

2. FULL NAME

Charles R. J. Palitto

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

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

22. I HEREBY CERTIFY That I attended deceased from June 26, 1937, to July 1, 1937
I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1934

The principal cause of death and related causes of importance were as follows:
Pneumonia following Colitis Date of onset _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
15 mos. 15 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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 _____

Other contributory causes of importance: _____
11912

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Point

13. NAME Robert Palitto

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

15. MAIDEN NAME Maell Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patot Knob 9 miles

17. INFORMANT (ADDRESS) Ed Lee Mineral Point

18. BURIAL, CREMATION, OR REMOVAL PLACE Mineral Point DATE July 2, 1937

19. UNDERTAKER (ADDRESS) Spauls

20. FILED July 10, 1937 G.F. Cresswell Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 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) H. H. Russell, M. D.
(Address) Patot Knob

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

