

REC'D MAY 10 1938

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

15213
Do not use this space.

1. PLACE OF DEATH

(a) County MACON Registration District No. 527
 (b) Township BEVIER Primary Registration District No. 5703
 (c) City BEVIER (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANGELO MORRELLI

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 LUCY MORRELLI

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1 - 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 11 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. COAL MINER
 9. Industry or business in which work was done, as 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) FUIMALBO (STATE OR COUNTRY) ITALY

13. NAME ANGELO MORRELLI

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

15. MAIDEN NAME TERESINA SANTI

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

17. INFORMANT LUCY MORRELLI (ADDRESS) REDNA - BEVIER, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WEST OAKWOOD DATE 4 - 24 1938
CEMETERY

19. FUNERAL DIRECTOR Edw. Simpson (ADDRESS) BEVIER, MO.

20. FILED April 30th 1938 Edw. Simpson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938 to April 22, 1938
 I last saw him alive on April 22, 1938. Death is said to have occurred on the date stated above, at 8:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach Date of onset 1930

Other contributory causes of importance: 46 -
Chronic Nephritis
Gastrocolostomy 1933

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 1932 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) Dr. E. H. Wood
 _____ (Address) Bevier, Mo.

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.

Corrected on 24 by affidavit of Wood

See affidavit in mine file # #99 - 1938

NOV 11 1938

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)