REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County Phelps
Township St James.
City ~~St James,~~ (No. , St. Ward)
Registration District No. 678
Primary Registration District No. 5904
File No. 22668
Registered No.

2. FULL NAME Jiulia Spanevello. 151
(a) Residence, No. St James. Mo. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ~~Alexander~~ Spanevello

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 26th, 1861

7. AGE 76 YEARS MONTHS 5 DAYS 12 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Anthony Bianalto ✓
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reccaro, Italy

MOTHER
15. MAIDEN NAME Catherine Bianalto
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reccaro, Italy

17. INFORMANT (ADDRESS) H E Gorman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery DATE 6/16 1938

19. UNDERTAKER (ADDRESS) Jonas & Ten Eyck

20. FILED 6-20- 1938 Elsie B. Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to June 14, 1938
I last saw her alive on June 14, 1938. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

8221

Other contributory causes of importance:
Senility
Hypertension

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?
If so, specify
(Signed) Emmit A. Stricker, M. D.
(Address) St. James, 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.