

REC'D AUG 8 1938

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

Do not use this space.

1. PLACE OF DEATHCounty JacksonRegistration District No. 399File No. 24263Township RauPrimary Registration District No. 1002Registered No. 2768City Kennett (No. 510)St. WarrenWard 235**2. FULL NAME** Bartolomeo Castanzo(a) Residence, No. 510St. WarrenWard 235

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**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 OFLina Castanzo**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Feb 12, 1885**7. AGE**

YEARS

53

MONTHS

4

DAYS

27

IF LESS than 1

day, hrs.

or min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**Labor**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**City Employee**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**FATHER****13. NAME**Giovanni Castanzo**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Italy**MOTHER****15. MAIDEN NAME**Maria Calderona**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Italy**17. INFORMANT**Lina Castanzo

(ADDRESS)

510 Warren**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Mt St Mary Cem

DATE

7/111938**19. UNDERTAKER**

(ADDRESS)

A. Scalabro901 Wash 5th**20. FILED**7-10 1938M. M. Crowe, asst

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**July 9 1938**22. I HEREBY CERTIFY, that I attended deceased from**July 5 1938, to July 9 1938I last saw him alive on July 9 1938 Death is saidto have occurred on the date stated above, at 4 A. M.

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

Toxemia Date of case July 5

Other contributory causes of importance:

Acute lobar Pneumonia (right) Date of case July 5

Name of operation

Date of

What test confirmed diagnosis? clinical 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) Anthony Saladino M. D.(Address) 421 Pinalto Bldg

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.

5010-1-22-38
5010-1-22-38

