FILED APR 23 1940

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

Do not use this space.

11564

1. PLACE OF DEATH

County Lincoln 2 Registration District No. 488

Township Hawk Point 0 Primary Registration District No. 6365

City (No. , St. Ward)

File No.

Registered No. 2

2. FULL NAME 364 Mrs. Maria Liberantonia Petrillo

(a) Residence, No. Same St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? 9 yrs. 8 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Domenico Antonio Petrillo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1861

7. AGE: 78 YEARS | MONTHS: 8 | 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.: Housework

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): Jan. 1940

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pietraroia, State of Benevento, Italy

FATHER

13. NAME: Benedetto Cusanelli

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pietraroia, State of Benevento, Italy

MOTHER

15. MAIDEN NAME: Lucia Pastore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pietraroia, State of Benevento, Italy

17. INFORMANT (ADDRESS): Nick Cesare Petrillo, Hawk Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary Cemetery DATE: April 1, 1940

19. UNDERTAKER (ADDRESS): Kriegenhaus, Kingshighway + Chippewa

20. FILED: 3-29, 1940 W. P. Quinn, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1940, to March 28, 1940

I last saw her alive on March 28, 1940. Death is said to have occurred on the date stated above, at 11:30 P.m.

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

	Date of onset
Influenza, Pneumonia	

Other contributory causes of importance:

Senility

Gastric Ulcers

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) V. E. Althoff D.O. ~~M.D.~~

438 (Address) Hawk Point, Missouri

WHITE 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.