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

Do not use this space.

10121

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

2. FULL NAME Frank Circarollo

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 4 - 1919

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
8	6	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co.

PARENTS
10. NAME OF FATHER Sevastiano Circarollo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Henrette Piazza
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Henrette Circarollo
(Address) Knobview Mo

15. FILED 3/6, 1928 Henry F. Walters
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 5th 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1928, to March 5, 1928, that I last saw him alive on March 4, 1928, and that death occurred, on the date stated above, at 5 15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza Pneumonia
118 Bronchial Type
(duration) yrs. mos. 29 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) William H Brewer, M. D
3/6/, 1928 (Address) St James, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Knobview Cemetery — DATE OF BURIAL: Mar 6th 1928

20. UNDERTAKER: Jonas Ed Ten Eyck — 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.