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

Do not use this space.

26052

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No.
Township St. Francois — Primary Registration District No. 6018A — Registered No. 96
Near City Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Antonia Palazzolo
(a) Residence. No. St. Louis, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1876 — ? — ?

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	?	?	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Italy

PARENTS
10. NAME OF FATHER Sebastian Palzzolo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Marie Erolia
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED July 7, 1931 B. J. Robinson REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1931

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1930, to July 5, 1931, that I last saw her alive on July 5, 1931, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Physical Exhaustion due to artificial feeding over period of year - refusal of patient to take food - Early arteriosclerosis (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Involutional Melancholia Psychosis (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. F. Hoctor, M. D.
July 7, 1931 (Address) State Hosp. Farmington, 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	DATE OF BURIAL
St Louis Mo.	7-8-31

20. UNDERTAKER	ADDRESS
Bernsick-Niehaus	St Louis 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.