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.

JAN 5 1933

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

Do not use this space.

36933

File No. .....

Registered No. 212

1. PLACE OF DEATH

96 County St Louis — Registration District No. 785

Township Bonhomme — Primary Registration District No. 6031

City Kirkwood RR 13 (No. ....., ... St. ..... Ward)

2. FULL NAME Adamo Brignole

(a) Residence, No. Kirkwood Mo RR #13 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: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-11-1862

7. AGE: Years 69 — Months 11 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

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): Italy (Genoa)

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Mrs Carrie Brignole Kirkwood Mo RR 13

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Nov. 19, 1932

19. UNDERTAKER (ADDRESS): LOUIS H. BOPP Kirkwood Mo

20. FILED Nov. 17, 1932 C. L. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-16-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1932, to Nov 16, 1932

I last saw him alive on Nov 16, 1932. Death is said to have occurred on the date stated above, at 3:45 P.m.

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

	Date of onset
Valvular Heart disease	1920
131	
32A	
811	
131 (1)	
Other contributory causes of importance:	
Paralysis Agitans	1922
Chronic nephritis	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical tests 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) Edward L. Fredericks, M. D.

(Address) Manchester Mo.