

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

Do not use this space.

2699A

1. PLACE OF DEATH

County Madison Co Registration District No. 538
 Township Prick Primary Registration District No. 5729
 City Roselle (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 48 St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

James E. Tesoro

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF <u>John Tesoro</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 - 1857</u>		
7. AGE	YEARS	MONTHS
<u>76</u>	<u>11</u>	<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Former</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roselle Missouri</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>W. M. Blankenship</u> (ADDRESS) <u>Roselle Miss</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roselle Miss</u> DATE <u>Aug 18 1933</u>		
19. UNDERTAKER <u>White & Sons</u> (ADDRESS) <u>Prickville Miss</u>		
20. FILED <u>Oct 23 1933</u> <u>S. C. Slaughter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1933 to Aug 17 1933
 I last saw him alive on Mar 10 1933 Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Paralysis general or bilateral, due to apoplexy Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) E. L. Barnhouse, M. D.
 (Address) Wornton Mo

Ray C. S. Chwanes.

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.

NOV 10 1933

