

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

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1. PLACE OF DEATH'

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirkville (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME Mary Jane Barvito

(a) Residence, No. 8130 N. High St. I 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1926

to have occurred on the date stated above, at 7:00 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 0 24

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

Crushed chest and head caused by being hit by auto. on Highway # 63 in Kirkville.
2105
Date of case _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkville, Missouri

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Charley Barvito

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

15. MAIDEN NAME Bessie Norman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stahl, Missouri

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 1-17-1934

Where did injury occur? corner of Elm St. and Highway # 63
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Mrs. Bessie Barvito
(ADDRESS) 813 N. High in Kirkville Mo

Highway # 63

Manner of injury hit by auto.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Cent. DATE 1-19-1934

Nature of injury shard protruded nose and from ear & jaw broken

19. UNDERTAKER Dee Riley
(ADDRESS) Kirkville Mo

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED Jan 19 1934 Spencer Freeman
Registrar.

(Signed) Dee Riley Coroner
(Address) Kirkville Mo

CAUSE OF DEATH, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township
City Marionville

Registration District No. 2
Primary Registration District No. 30075002

File No. 13
Registered No. 14
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.

Mary Jane Caritto

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 3/10 1934 J. S. Goehnel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19_____

I last saw him alive on _____, 19_____. Death is said to have occurred on the date stated above, at _____ m.

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

Chest and heart - hit by auto
Bedstead - falling across street.
Other contributory causes of importance: 210

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: accident Date of injury 1/17, 1934

Where did injury occur? on street at Marionville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on public street

Manner of injury hit by auto wheel
Nature of injury mashed chest/creaming it

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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