

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard Registration District No. 838 File No. 4343
 Township Liberty Primary Registration District No. 6098B Registered No. _____
 City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME Ciro Cirrincione 652

(a) Residence, No. Dudley, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 X 13

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

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

13. NAME Tony Cirrincione

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

15. MAIDEN NAME Mary Teresa

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

17. INFORMANT Rose Cirrincione
 (ADDRESS) Dudley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill. DATE 1-19-38

19. UNDERTAKER Blankenship-Strickland
 (ADDRESS) Dexter, Mo.

20. FILED 1-29-38 Margaret Boone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-38 .19

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to Jan 17, 1938

I last saw him alive on Jan 16, 1938 Death is said to have occurred on the date stated above, at 9:30 P. M.

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

Branchio-Pneumonia Date of onset 1-12-38

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 Flu

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. C. Dismickman, M. D.

(Address) Dexter, 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.

RECEIVED

FEB 28 1938

DEPT. OF VITAL STATISTICS
INDIANIA BOARD OF HEALTH