

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.

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St Joseph

Primary Registration District No. 1001

City St Joseph (No. 1015-2015)

File No. 6099

Registered No. 174

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Salvatore Balsamo

(a) Residence, No. 1015-2015 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 8 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1877

I last saw him alive on Feb 8 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.

7. AGE YEARS 61 MONTHS 0 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Myocardial Disease Chronic Nephritis 1938

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Food Merchant

10. Date deceased last worked at this occupation (month and year) 1-1-30 11. Total time (years) spent in this occupation Life

Other contributory causes of importance: Nephritis (Chronic) 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

13. NAME Anthony Balsamo 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 9

15. MAIDEN NAME Anna Rizzo 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 9

17. INFORMANT Mrs. Marie Paris 1015-2015

18. BURIAL, CREMATION OR REMOVAL PLACE St. Albert DATE Feb 11 1938

19. UNDERTAKER Barry & Marie Tunc

20. FILED 3/11 1938 Registrar H. J. McElhiney

Name of operation Chloroform Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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

(Signed) H. J. McElhiney M. D.  
(Address) Central City, Mo.

