

1 PLACE OF DEATH  
COUNTY OF ESMERALDA

NEVADA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
DUPLICATE CERTIFICATE OF DEATH

TOWN OF Silver Peak  
or  
CITY OF \_\_\_\_\_

State Index No. \_\_\_\_\_  
LOCAL REGISTERED NO. 65

(No. \_\_\_\_\_, \_\_\_\_\_ St., \_\_\_\_\_ Ward)

Full Name Domenick Antonini

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced <u>Single</u>
6 DATE OF BIRTH <u>No record</u>		
7 AGE <u>59</u> yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.		
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Miner</u> <u>Miner</u>		
9 BIRTHPLACE (State or country) <u>Italy</u>		
PARENTS	10 NAME OF FATHER <u>Battista Antonini</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Italy</u>	
	12 MAIDEN NAME OF MOTHER <u>Chino Triala</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Italy</u>	
13a LENGTH OF RESIDENCE At place of Death <u>20</u> years _____ months In Nevada _____ years _____ months		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Manuel Molini</u> (Address) <u>Dyer, Nevada</u>		
15 Filed _____, 19 <u>29</u> Filed <u>May 6</u> , 19 <u>29</u> <u>G. J. Sullivan</u> Subregistrar. Registrar or Deputy.		

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>April 1</u> , 19 <u>29</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from <u>Apr. 1</u> , 19 <u>28</u> to <u>Apr. 1</u> , 19 <u>29</u> . that I last saw him alive on <u>Apr. 1</u> , 19 <u>29</u> . and that death occurred on the date stated above at <u>5</u> P. M. The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> (Duration) _____ yrs., _____ mos., _____ ds. Contributory (Secondary) _____ (Duration) _____ yrs., _____ mos., _____ ds. (Signed) <u>R. R. Craig</u> , M. D. <u>May 6</u> , 19 <u>29</u> (Address) <u>Tonopah, Nevada</u> *State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents Former or Usual Residence _____ How long at Place of Death _____ Days Where was disease contracted, if not at place of death? _____	
19 PLACE OF BURIAL OR REMOVAL <u>Tonopah, Nevada</u>	DATE OF BURIAL <u>Apr. 3</u> , 19 <u>29</u>
20 UNDERTAKER <u>W. H. Logan</u>	ADDRESS <u>Tonopah, Nevada</u>