

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

Do not use this space.  
*J. S. Ridge*  
15115

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Say Precinct Registration District No. 1002 Registered No. 14833  
 City Rt. No. St. Marys Joseph St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 2300 Jarbo 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1903

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
23 | 10 | 20 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mexico  
 (STATE OR COUNTRY)

10. NAME OF FATHER Jose Flores

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mex  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maria Lafada

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mex  
 (STATE OR COUNTRY)

14. INFORMANT Mr. Luvradia  
 (Address) 2300 Jarbo

15. FILED May 15 27 H. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1927

17. I HEREBY CERTIFY, That I attended deceased from May 10 1927, to May 14 1927, that I last saw h. e. l. l. alive on May 13 1927, and that death occurred, on the date stated above, at 12:13 a. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Septicemia

CONTRIBUTORY (SECONDARY) 100/100  
 (duration) \_\_\_\_\_ yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physiol. & Chemol.

(Signed) Frank J. Gull, M. D.

(Address) 715, 1927 1002 Melindale Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Marys May 15 1927

20. UNDERTAKER ADDRESS Ketterlin Funeral Home, City

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.

