1926

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

Do not use this space.

32754

1. PLACE OF DEATH

County Buchannan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City St. Joseph (No. St. Joseph Hospital St. Ward) — Registered No. 1193

2. FULL NAME Felicitas B. Hernandez

(a) Residence. No. 2319 South 9th St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph R. Hernandez

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 6th 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	23	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife 23A

(b) General nature of industry, business, or establishment in which employed (or employer) At Home 25

(c) Name of employer 31

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

PARENTS

10. NAME OF FATHER Thomas Balandran

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

12. MAIDEN NAME OF MOTHER Alcadia Balandran

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

14. INFORMANT Joseph R. Hernandez
(Address) 2319 South 9th St.

15. FILED Nov 22 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1927, to Nov. 21, 1927 that I last saw her alive on Nov 21, 1927, and that death occurred, on the date stated above, at 7/25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute ~~[illegible]~~ (Miliary) tuberculosis, involving lungs, liver and general abdominal cavity (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) child birth one month ago. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? N.D. DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? yes

(Signed) Thomas Redmond, M.D

Nov. 28 1927. (Address) 302 P.S. 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 Mt. Olivet Cemetry — DATE OF BURIAL Nov 25 1927.

20. UNDERTAKER H. O. Sidenfaden — ADDRESS 1802 Union Str.

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.

[illegible] IS A PERMANENT RECORD