

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

Do not use this space.

980

FEB 21 1928

1. PLACE OF DEATH

County Jackson
 Townships Blue
 City Cement City (No.)

Registration District No. 398
 Primary Registration District No. 5534

File No.
 Registered No. 42
 St. Ward

2. FULL NAME Juan Cruz

(a) Residence. No. H. 66 Cement City St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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 Mexican 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labored
 (b) General nature of industry, business, or establishment in which employed (or employer) Cement Stock House
 (c) Name of employer Mo Portland Cement

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

PARENTS

10. NAME OF FATHER Eutimio Cruz

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

12. MAIDEN NAME OF MOTHER Demencia Vasquez

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

14. INFORMANT Agustin Cruz
 (Address) Cement City, Mo

15. File No. Jan 31, 1927 H. S. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1928 to Jan 30 1928, and that I last saw him alive on Jan 30 1928, and that death occurred, on the date stated above, at Cement City, Mo.

THE CAUSE OF DEATH WAS AS FOLLOWS:

75 B
66 B
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Paul J. ..., M. D.

Jan 31, 1928 (Address) Cement City, Mo

*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 St Marys Cem (Woodlawn) DATE OF BURIAL Feb 1, 1928

20. UNDERTAKER H. S. Cook ADDRESS ...

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.

