

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

Do not use this space.

8957
Copy

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

County Jackson
Township Ross
City R to Mrs Old Lady Hoops

Registration District No. 299
Primary Registration District No. 1002

2. FULL NAME

(a) Residence. No. 214 N 5th 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 11-24

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 | 7 | 1 | |

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Linda
(STATE OR COUNTRY) Utah

10. NAME OF FATHER Isabel Maria

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

12. MAIDEN NAME OF MOTHER Isabel Medina

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

14. INFORMANT Mother
(Address) 214 N 5th

15. FILED 13 19 28 M M Corone
REGISTRAR Arar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-12-28

17. I HEREBY CERTIFY That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic cerebro-spinal meningitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 18 (duration) 2 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Deputy Coroner
19..... (Address) Deputy Coroner

*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 DATE OF BURIAL Mar 13 19 28

20. UNDERTAKER Ketterlin ADDRESS Calby

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.

