

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.

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

Do not use this space.

1546

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KanPrimary Registration District No. 1002City New(No. 2313)BellviewFile No. 157Registered No. 157

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2313 Bellview St. 3 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Ruth Gamba6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. _____ min.
<u>56</u>	<u>9</u>	<u>12</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mexico

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mexico

14.

INFORMANT Frank Dato
(Address) 2313 Bellview

15.

FILED Jan 11 1929 M. M. Grove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 7 1929 to Jan 7 1929
that I last saw him alive on Jan 7 1929 and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar pneumonia

108 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY)

108 (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

(Signed) Al Brites M. D.
1/11 1929 (Address) 105 Minor 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. Mary's Jan. 11 1929
20. UNDERTAKER Ketterling ADDRESS K.E. mo

