

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

Do not use this space.

30122

22 1929

PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 1070

2. FULL NAME Luisa Cruz

(a) Residence. No. 2310 south 9 street 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 14 19 29

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 12 19 29 to Sept 14 19 29 that I last saw her alive on Sept 14 19 29, and that death occurred, on the date stated above, at 12-30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Intestinal Indigestion

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 29, 1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 7 15

11871303

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

(duration) yrs. mos. ds. 8
CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER Francis Cruz

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) W. Roger Moore M. D.

12. MAIDEN NAME OF MOTHER Conception Buscus

Sept 14 19 29 (Address) Kirkpatrick Building

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

*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.

14. INFORMANT Francis Cruz
(Address) 2310 South 9 street

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Sept. 16 19 29

15. FILED 16 19 1929
John L. Wh REGISTRAR

20. UNDERTAKER H. C. Sidenfader ADDRESS 1802 Union St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

