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

Do not use this space.

8749

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Blue — Primary Registration District No.: 1002 — Registered No.: [illegible]

City: Leeds Mo (No. 2330 Mercer St. [illegible] Ward)

2. FULL NAME Medellin Santos

(a) Residence. No. 2330 Mercer St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Mexican	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~18~~	18 ~~1911~~	4 ~~Nov~~	11 ~~1~~	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dallas Tex

PARENTS

10. NAME OF FATHER: Medellin Santos
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mexico
12. MAIDEN NAME OF MOTHER: Martinis Mary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mexico

14. INFORMANT (Address): T. B. Hospital Leeds Mo

15. FILED 3/13 1930 M. M. Crowe REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1930 to March 12, 1930 that I last saw him alive on March 12, 1930 and that death occurred, on the date stated above, at 7 45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary Tuberculosis
23A (duration) 0 yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) none (duration) — yrs. — mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) Edwin H Lee, M. D.
March 13 1930 (Address) 1830 Vine St K.C. 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	DATE OF BURIAL
Mt Calvary Cemetery	3/14 30
20. UNDERTAKER	**ADDRESS**
Simmons & Son	KCKo

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.

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1830 Vine St.