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

Do not use this space.

17729

1. PLACE OF DEATH

County ..... Registration District No. 791

Township Sohonis Primary Registration District No. 1003

City Mo Pac. Hosp. (No. Mo. Pac. Hospital St. ..... Ward)

File No. ..... Registered No. 4822

2. FULL NAME Jos. Santiago Herrera

(a) Residence No. Martin City St. Mo. 17 Ward. Martin City Mo

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About - 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	Abt 41	Unknown		

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) Mo Pac RRCo

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Simon Herrera

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

12. MAIDEN NAME OF MOTHER Mo Unknown

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

14. INFORMANT W. L. Grolton

(Address) Mo. Pac Hospital Sohonis Mo

15. FILED MAY 17 1930 19 Max C Starkley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 10 1930

17. I HEREBY CERTIFY, That I attended deceased from 4 - 26, 1930, to 5 - 10, 1930 that I last saw him alive on 5 - 10, 1930 and that death occurred, on the date stated above, at 3 15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis

following an old Mastoiditis

89 B

78 B H.D. (duration) 0 yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 86 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) A. L. Hansen, M. D.

, 19 (Address) Mo pac Hosp St Lin

*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. Mathews Cem. DATE OF BURIAL May 17 1930

20. UNDERTAKER Peetz Bros. ADDRESS 3029 Lafayette.

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.