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

Do not use this space.

22798

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Blue — Primary Registration District No. 1002 — File No.
City Leeds, Mo. (No. T. B. Hospital St. Ward) — Registered No. 2189

2. FULL NAME Espinosa, Mary
(a) Residence. No. 7009 Independence Ave. 10 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: Female
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15, 1917

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
13	2	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Schoolgirl
(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): New Mexico

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mexico
12. MAIDEN NAME OF MOTHER: Mary A. Espinosa
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mexico

14. INFORMANT (Mrs. Jessie Montes) (Address) 7009 Independence Ave.

15. FILED 7/7, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1930, to July 5, 1930 that I last saw her alive on July 5, 1930, and that death occurred, on the date stated above, at 3:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Further
Pulmonary Tuberculosis
23A (Chronic)

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 31

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopical
(Signed) George C. Lee, M. D.
7/6, 1930 (Address) 1002 Argyle 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: Mt St Mary — DATE OF BURIAL: July 7 1930

20. UNDERTAKER: Kettler Bros — ADDRESS: Lobby 1/30

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.